

II



# THE HEALTH OF BIRKENHEAD

1971

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH, and the  
ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER



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AND THE  
ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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COUNTY BOROUGH OF BIRKENHEAD

HEALTH COMMITTEE

Chairman:

Alderman C.S. McDonald

Deputy Chairman:

Councillor Miss D. Tomlinson

Alderman:

R. Pilkington

Councillors:

E.C. Ainslie

M.F.H. Noonan

J.F. Aspinall

E.J. Parnall

J.R. Denby

Mrs. G.L. Pattinson

D.W. Hughes

Mrs. C.J. Rimmer

L.N.S. Jones

Mrs. M. Ryan

J.S. Kellet

Mrs. D.F. Welsh

Co-opted Members:

Mr. E. Cody

Mr. W.G. Rutledge

Dr. N.E. Nathanson

Mrs. W.W. Smith

Ex-Officio Members:

Alderman K.W. Porter - His Worship the Mayor

Alderman J.H. Roberts, J.P.

Alderman D.A. Fletcher, J.P.

Alderman J.W. Oates

Alderman G.B. Porter

S T A F F

Medical Officer of Health:

P.O. NICHOLAS, M.B., Ch.B., D.C.H., D.P.H.

Deputy Medical Officer of Health:

J.T. ROBERTS, M.B., B.S., D.P.H.

Senior Medical Officer:

MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:

PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S.

CAROLE STANDLEY, M.B., Ch.B. (Resigned 31.10.71)

Local Medical Practitioners who provide part-time  
service on a sessional basis:

OLIVIA S. CROSTHWAITE, M.B., Ch.B.

JOYCE M. OWEN, M.B., Ch.B.

PAMELA A. ROBERTON, M.B., Ch.B., D.Obst., R.C.O.G.

MAUREEN M. WETHERELL, M.B., Ch.B.

SHIRLEY NICHOLAS, M.B., Ch.B., D.Obst., R.C.O.G.

PHYLLIS JEAN DISLEY, M.B., B.Ch.

Health Education Officer:

J. FERGUSSON, L.M.S.S.A. (Deceased 30.6.71)

Chief Dental Officer:

W.M. SHAW, L.D.S.

Superintendent Health Visitor:

Miss A.E. GRIFFITHS, S.R.N., S.C.M., H.V.C. (Retired 27.8.71)

Non-Medical Supervisor of Midwives and

Superintendent of Home Nursing Service:

Miss M. PRINGLE, S.R.N., S.C.M., M.T.D., H.V.C.

Chief Public Health Inspector:

C.D. DARLEY, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

F. RUTTER, M.R.S.H., M.A.P.H.I.

Senior Specialist Public Health Inspector

and Chief Meat Inspector:

T.K. WARD, LL.B.(Lond.), M.R.S.H., M.Inst.M.

Chief Administrative Officer:

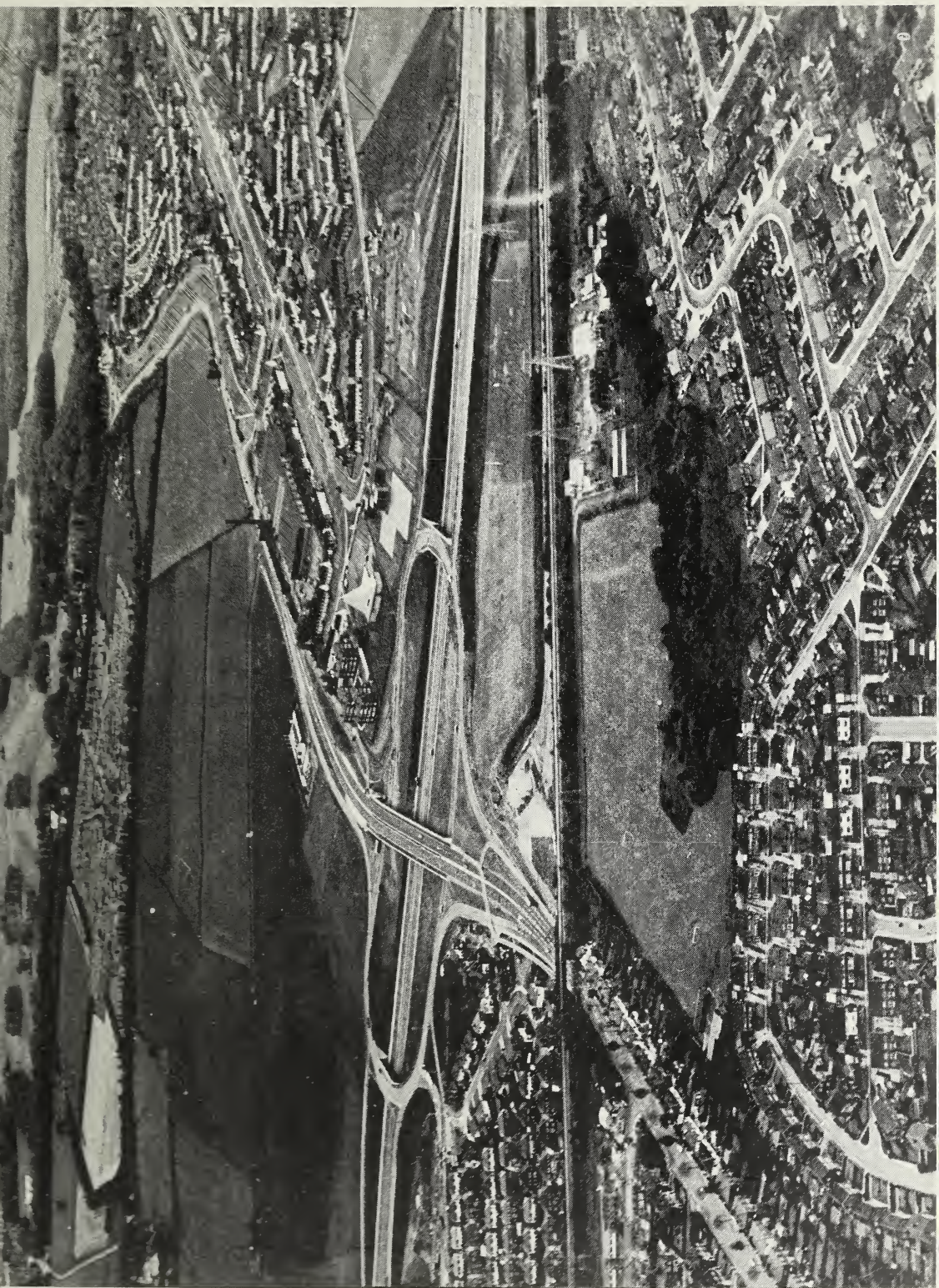
S. DUCKWORTH

Chief Chiropodist:

G.C.H. BURNS, M.Ch.S., S.R.Ch.



# Interchange of M53 Motorway -- Woodchurch





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Health Department,  
Social Services Centre,  
BIRKENHEAD.

TO: THE CHAIRMAN AND MEMBERS  
OF THE EDUCATION COMMITTEE.

In spite of staffing difficulties and the loss of Dr. Carole Standley, who moved to Chester, we were, with the help of our part-time doctors assisting our full-time staff, able to give a reasonable school service in 1971 - indeed we were able to make certain improvements.

We have been concerned with the pre-school and school children who have had to wait a long time for ear, nose and throat Consultant opinion. This problem has been made worse by one of the Consultant appointments being unfilled for some time. In January, 1971, discussions took place with Mr. A.S. Davidson, one of the Senior Consultants, and he agreed to give one session a month to see most urgent cases. The session is conducted at the Health Department and the Teacher for the Deaf, the School Nurse doing audiometry in the schools and a School Doctor, all try to attend. Most of the selected cases had a fair amount of marked hearing loss and were usually having educational difficulty. There is no doubt that the help of an E.N.T. Surgeon to guide us with these more difficult cases has been invaluable. In May with the appointment of a new E.N.T. Surgeon, Mr. A.K. Baruah, Mr. Davidson handed over the work to him. Mr. Baruah has helped the children with his operative expertise and we have all been delighted to see children, who prior to operation were struggling with their school work, return to a later clinic smiling and happily coping with life at school. Of course, we were not able to give a full service of hearing assessment and we have been grateful for the help we have received from the Liverpool and Chester Audiology Clinics. Our attempts to appoint a trained Audiometrician failed in 1971 primarily because we did not have sound-proofed rooms and other facilities. The Director of Education and I will be looking at this problem as we have been requested to do by the Education Sub-Committee. In spite of lacking some facilities the help to partially hearing children in the town of Birkenhead is improving.

The second group of handicapped children who received extra help were the maladjusted. Although Dr. Shiela Wright, the Consultant Psychiatrist, was only able to give the school service one session a week, this session and the assistance given by Dr. D.M. Zausmer of the Hospital Child Guidance Service gave support to our Psychological team. We paid particular attention to children before the Juvenile Courts. These children are now seen by doctors of the School Health Service to try to assess who will benefit most by psychiatric opinion - it is a question of trying to make a limited service as effective as possible. The teaching of the disturbed children is just as important as their assessment and though during 1971 we had some difficulties

we are providing an improving service. During the year, thanks to the enthusiasm of the Mayor, a Committee was set up to consider all aspects of vandalism in the town. It is hoped that we shall gain some ideas of how we can reduce this aspect of disturbance in the young in Birkenhead.

In April the severely subnormal children moved more into the framework of the Education system and the new Junior Training Centre became Moreton Cross School. This move is a good one if it encourages trained teachers to take more interest in those who are most deprived of educational advantage, but careful ascertainment is still necessary and the Principal School Medical Officer should still advise the Director of Education about the total health problems of these children.

Progress too was made towards the building of a school for physically handicapped children, and by the end of the year plans were being drawn for a 100 place school with an additional 20 nursery places. It is always difficult planning for this type of school. The physically handicapped children born were fewer this year, but the Hospital School at Clatterbridge Hospital can take no further children from North Wirral and the school for the physically handicapped in Wallasey also has a full quota of children. With at least 2% of our babies being born handicapped and other more latent handicaps being screened out in the pre-school years, we must provide for these disadvantaged children. Discussions took place during the year with various Voluntary Societies for Handicapped Children. We are grateful to these organisations for the work they do for the Autistic, the Spastic, the Mentally Handicapped and others. The Officials must listen and learn and then try to stretch the small budget to make the best provision, always bearing in mind that handicaps are not single but multiple, and they need a multi disciplinary approach which we have tried to give in our various case conferences.

During the past year in an endeavour to improve recruitment to the Speech Therapy Service, the establishment was increased from 2 to 3 and one of these posts was graded Senior Therapist. It proved impossible to fill this senior post by the end of the year and the service was covered by one full-time and one part-time Speech Therapists. It is hoped that in the near future it will be possible to fill all vacancies and a start made on the backlog of cases needing help.

With our concentration on the needs of handicapped children we have not neglected the routine work, though how Mr. C.G.D. Taylor, the School Health Section Senior Clerk, has been able to find the doctors is sometimes beyond comprehension. No one is quite sure with re-organisation how the School Health Service is going to be run, but let there be no mistaken ideas, if it is going to work at all, attention must be paid to the careful integration of the administrative links in the Health and Education Departments, and good clerical administrators in the Health Area Boards will have to maintain careful links with the various doctors and nurses who over these difficult years have maintained an efficient School Health Service - this is a vital clinical service to maintain the health of future generations.

When we speak of the School Health Service we must not forget that important part - the School Dental Service. During 1970 our service improved and although we lost one Senior Dental Surgeon we added two other experienced dentists, and by the end of the year, for the first time in many years, we had a complete dental surgeon establishment. To gild the lily we were fortunate to maintain a Dental Auxiliary during the year who in link with the Health Education staff carried out dental health education in the schools. It was gratifying that the Dental Inspector from the Ministry gave a much more favourable report than the previous year.

James Reid, Rector of Glasgow University, said in his Rectorial address, "The flowering of each individual's personality and talents is the pre-condition for everyone's development". I think members of the School Health Service have once again contributed to the flowering of the humblest of the individual personalities. They have been assisted by the Chairmen and members of the School Health Sub-Committees. Changes of political control have not altered the help given and the enthusiasm for the task. The Director of Education and his staff, and the Headteachers and Teachers of the Schools have given their continued co-operation. As Principal School Medical Officer, and leader of the School Health team, I am grateful to all.

P.O. NICHOLAS

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY BOROUGH OF BIRKENHEAD  
(Number of Schools and Children)

Comprehensive, High and Secondary Schools:

9 Units	..	..	..	..	..	..	..	..	..	6,671
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County Middle Schools:

16 Units	..	..	..	..	..	..	..	..	..	5,000
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County Primary Infants Schools:

18 Units	..	..	..	..	..	..	..	..	..	5,067
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County Combined Primary and Middle Schools:

5 Units	..	..	..	..	..	..	..	..	..	2,054
---------	----	----	----	----	----	----	----	----	----	-------

Voluntary Middle Schools:

7 Units	..	..	..	..	..	..	..	..	..	2,005
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Voluntary Primary Infants Schools:

9 Units	..	..	..	..	..	..	..	..	..	2,250
---------	----	----	----	----	----	----	----	----	----	-------

Voluntary Combined Primary and Middle Schools:

5 Units	..	..	..	..	..	..	..	..	..	1,476
---------	----	----	----	----	----	----	----	----	----	-------

Special Schools:

3 Units	..	..	..	..	..	..	..	..	..	232
---------	----	----	----	----	----	----	----	----	----	-----

<u>Total Number of Pupils:</u>	..	..	..	..	..	..	..	..	..	24,523
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Secondary Schools (Non-maintained)

There are four direct grant Secondary Schools in the Town as follows :-

- The Birkenhead School for Boys, Shrewsbury Road.
- The Birkenhead High School for Girls, (G.P.D.S.T.) Devonshire Place.
- The Convent, F.C.J., High School, Holt Hill.
- St. Anselm's College, Manor Hill.

Nursery Classes

Nursery Classes exist in connection with the Infants' Departments of the following schools :-

- Cathcart Street Primary
- Rock Ferry Primary
- The Dell Primary
- Bedford Drive Primary
- Cole Street Primary
- Devonshire Park Primary
- St. Anne's RC Primary
- St. Joseph's RC Primary

Progress Classes

Progress Classes are maintained at The Woodlands and at Trinity Street Primary Schools.



### Special Schools and Education in Hospitals .

Educational facilities are provided as follows :-

Gilbrook School	-	Day Special Schools for E.S.N. and Maladjusted Pupils.
Woodvale School	-	Day Special School for E.S.N. pupils.
Thingwall Hospital	-	Hospital Special School.
St. Catherine's Hospital	-	Hospital Special School.
Children's Hospital	-	Hospital Special School.

### MEDICAL INSPECTION AND TREATMENT

The arrangements for the reference of children found to require treatment at routine, special and selective medical inspections have continued as in previous years.

The flow of information about school children from the medical staffs of Hospitals on Merseyside, particularly of Children's Hospitals, has continued. Much useful information has been sent to the School Health Service.

Medical histories of school leavers have continued to be sent to the General Practitioner, when considered desirable.

Medical inspections are held as follows :-

- (a) New entrants to maintained Schools as soon as possible after date of admission.
- (b) Selective medical inspection of pupils carried out in maintained Schools at age of 7-8 years and between 11 years - 12 years of age.
- (c) Every pupil attending maintained High Schools during the last year of attendance at school.

The following additional examinations were carried out :-

Children referred for convalescence	..	..	13
Employment out of school hours	..	..	76
Audiometry - Sweep Tests in school	..	..	4,455
Clinic examinations	..	..	940
Other minor examinations	..	..	43

The selective medical inspection is arranged from children known to have defects (Entrants), any suggested by the Director of Education, Headteachers and at the request of Parents.

949 re-inspections were made in the case of children with defects necessitating a "follow-up".

CO-OPERATION WITH PARENTS

Parents attended at the examination of 2,640 (59.30%) of the 4,452 pupils seen at medical inspections.

Age Group Inspected (By year of birth)	Number of pupils inspected	Number of parents present	%
1967 (and later)	526	455	86.50
1966	1,063	1,012	95.20
1965	355	350	98.60
1964	237	175	74.00
1963	131	94	71.76
1962	107	76	74.77
1961	85	54	63.53
1960	130	86	66.15
1959	73	47	64.38
1958	21	9	42.86
1957	4	2	50.00
1956 (and earlier)	1,720	280	16.40

It is encouraging that so many parents take an interest and attend the medical examination, particularly in the early stages of their child's school life.

NUTRITION

Of the 4,452 children medically examined it will be seen that 4,441 children, or 99.75%, were classified as satisfactory and only 11 children were considered as unsatisfactory. (Please see returns to the Department of Education and Science, contained in this report).

PROVISION OF MEALS AND MILK

The total number of school meals provided during 1971 was 2,485,279, a decrease of 280,350 on 1970. Of this number 1,799,715 were supplied on payment and 685,544 were provided free. These figures refer only to maintained schools and to school meals supplied to Teachers, but not to those for members of the kitchen and canteen staff. During the year 2,333,710 one-third pint bottles of milk were supplied to schools in the Borough, including non-maintained schools.

During 1971 the Medical Officer of Health, acting in the capacity of Principal School Medical Officer, was asked to take part in a survey of the nutrition of selected school children in the area. The need for this survey was to assess, if possible, the changes in the health of the children over the next few years, as the result of certain Government decisions which seem to have been taken without consultation with Principal School Medical Officers.

The first decision was to increase the charges of school meals from 9p to 12p and this became operative in April, 1971. The number of pupils having school meals has steadily increased following the initial fall when the charge was increased. However, the numbers of pupils bringing sandwich meals has not decreased, as may have been expected, and at recent reviews the number of pupils having sandwich meals was 1,054 a day. It is interesting that in a National Survey of School Meals, Professor Bender has stated recently that the proportion of sugar in school meals was often too high and there was insufficient protein. Others have replied to his Survey and consider the content of alternatives to school meals, namely sandwiches, snacks, chips and the possibility of no meal at all, and in almost all cases the type of food and the calorie content is worse than the much criticised school meal - which still represents the best buy apart from a well balanced lunch at home.

The second Government decision was to stop school milk to children over 7 years. There was so much criticism of this legislation - not the least by some parents in Birkenhead, that on 1st September, 1971, new Regulations for the provision of free milk became effective. The provisions of the Education (Milk) Bill limited the power of Authorities. Under the new Regulations the provision of free milk can be authorised on medical grounds to children over 7 years but under 12 years.

Whoever made these Regulations did not give sufficient thought to the overworked staff in School Health and Education Departments, or to the Teachers in Schools. After Teachers, Administrative staff and School Doctors had used their valuable time one can only hope that we made correct decisions on 'health' grounds. How is the Doctor to be certain which child needs milk more than another? In Birkenhead social health factors are probably the best guide. However, by the end of the year :

- 1,470 had been approved for milk until further notice
- 114 approved for milk for 12 months

Certain questions must be asked about the stopping of milk to children over 7 years.

1. Was any money saved by the decision, bearing in mind the enormous expense engendered by the later Regulations?
2. If it was decided to stop milk to the children would it not have been better to have stopped milk in affluent areas of the country, but given it to children in industrial areas?
3. If the children were not to have the milk after 7 years of age, why not give this milk free to the mothers in industrial areas? Some of the mothers in artisan classes who have to look after several children are inadequately nourished. Indeed, many smoke rather than eat. It is interesting to note that of the 379 mothers attending the Direct Family

Planning Clinic in 1971, 106 smoked more than 10 to 20 cigarettes a day. It has been shown that women who smoke have smaller babies on average - whether this is due to poorer maternal blood supply to the baby, or poorer maternal nutrition, is open to question.

The recent Survey compiled by the National Children's Bureau, "From Birth to Seven", shows that the difference between children from well off homes and poor ones are measurable. Children it seems are getting taller each decade, but the gap between the social classes is not narrowing. Children of unskilled families are likely to be less well adjusted at school and to have a poorer stock of general knowledge. They are more likely to have a squint, a speech defect, poor physical co-ordination. The child from the poorer home has a reduced reading ability. Poor housing, overcrowding and poor nutrition have a detrimental affect on the health of the child.

With all this evidence is there any need for a further Survey, asking School Nurses and Health Visitors to check height and weight and skin thickness? Surely a better idea was to leave cheaper school meals to disadvantaged children and free milk to certain mothers in industrial areas. We should be planning children carefully considering the numbers in each family and the quality of their lives - good nutrition is one part of this quality of life.



CLEANLINESS AND CLOTHING

2,973 pupils of the 42,356 examined were found to be infested with vermin in varying degrees. In many instances re-infection occurred after cleansing. Whilst housing conditions cannot be wholly to blame, they may well be a contributing factor, as there are still many houses in the Borough without adequate bathing facilities. The establishment of a Cleansing and Bathing Centre at Balls Road Clinic has not yet been completed. It proved difficult to achieve the programme in time, and the last phase of the scheme should be completed during 1972.

It was considered that the standard of clothing and footwear was generally satisfactory.

VACCINATION AGAINST SMALLPOX

During the past year 39 children of school age were vaccinated and 39 re-vaccinated against smallpox.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Arrangements were again made during the year to vaccinate 12 year old children in school, subject to the usual consent being obtained from parents.

Children found to be positive following testing are sent for x-ray examination at the Mass Radiography Unit and certain cases are referred to the Consultant Chest Physician.

12 year olds  Parents Notified	MULTIPLE PUNCTURE TEST		VACCINATION
	Children Tested	Positive Reaction	Children given B.C.G.
2,903	2,711	260	1,928

IMMUNISATION AGAINST DIPHTHERIA

The following are details of immunisation against Diphtheria of school children, carried out in schools :-

Treatment completed	..	..	..	..	372
Received reinforcing injection	..	..	..	..	1,415

IMMUNISATION AGAINST TETANUS

During 1971 immunisation against tetanus was continued with sessions held in schools and in clinics. The following number of children were immunised :-

Received a complete course	..	..	..	395
Received a reinforcing injection	..	..	..	1,492

### IMMUNISATION AGAINST POLIOMYELITIS

In 1971 immunisation against poliomyelitis continued and the following number of school children were immunised :-

Primary course	..	..	::	::	::	::	::	384
Received reinforcing dose	..	..	::	::	::	::	::	977

### MINOR AILMENTS

Children referred by the Director of Education and Headteachers are medically examined at special sessions arranged for this purpose and these arrangements are proving adequate.

### DEFECTIVE VISION

Dr. Nora M. English, an approved Ophthalmic Medical Practitioner, has continued to review children with defective vision, referred from school medical inspections. At the present time two weekly sessions are held at the Eye Clinic, Social Services Centre, Birkenhead.

I am grateful for the information about school children with defective vision referred to Dr. English by General Practitioners. I receive a copy of all reports which are sent to the Family Doctors, following such examinations.

Particulars of school children seen at the Eye Clinic during the past year are given below :-

	New Cases	Re-examinations	Total
Glasses prescribed	131	343	474
Glasses not prescribed	139	239	378
Number examined	270	582	852

During the year a total of 1,330 appointments were despatched and of this number 478 children failed to attend the Clinic for vision testing.

The clinical facilities for eye examination are greatly improved in the new Social Services Centre - there is an excellent dark room and first class equipment. It seems that as a result of these improved facilities the number of those defaulting from attendance at the eye clinic over the last three months of the year has fallen.

KEYSTONE SCHOOL VISION SCREENERS

The vision screening of children in schools continued during the year and the two screeners were used constantly in assessing the vision of children within the age groups 6 to 14 years of age.

Children discovered to have visual defects are given the opportunity of seeing their own Ophthalmic Medical Practitioner or Optician of their choice, or being examined at the Local Authority Eye Clinic.

The details of the children vision screened are given below :-

Number of children tested	..	..	..	..	10,146
Number with defects of varying degree	..	..			2,619
Number with normal vision	..	..	..	..	6,848
Number already wearing spectacles		..	..		679

The screeners were used in 50 schools and 309 sessions were devoted to these examinations.

Prior to 1971 it was not the practice to visit Grammar Schools but with the inception of comprehensive education in the Borough the vision screening programme has been revised to include High Schools. Owing to lack of suitable accommodation in two High Schools it was not possible to carry out vision screening in these schools but it is hoped that necessary arrangements can be made for the future.

### EDUCATIONALLY SUBNORMAL CHILDREN

With implementation on the 1st April, 1971, of the Education (Handicapped Children) Act, 1970, children at the Junior Training Centre, Wallasey, were brought within the educational system and the Centre was renamed Moreton Cross School. There are 62 such Birkenhead pupils.

Within the last twelve months the Department of Education and Science approved the establishment of Gilbrook Day Special School for Educationally Subnormal pupils and Maladjusted pupils.

During the past year 25 pupils attending ordinary schools were assessed as being educationally subnormal and requiring special educational treatment.

Pupils in attendance at the Day Special Schools for Educationally Subnormal pupils were kept under review and re-ascertained in connection with special school leaving and at routine re-inspections.

### BLIND AND PARTIALLY SIGHTED PUPILS

The number of Blind and Partially Sighted pupils is very small and these children are accommodated in other Authorities special schools or local ordinary schools as appropriate. One girl was assessed during the year as needing special educational treatment as a partially sighted pupil.

### EAR, NOSE AND THROAT

Pupils found at routine, special and re-inspections to be suffering from pathological conditions requiring treatment are referred to their General Practitioners or to the Consultant E.N.T. Surgeons as deemed necessary.

From returns submitted by Birkenhead Hospitals, the following treatment was reported to have been given during 1971 :-

Hospital	For adenoids and chronic tonsillitis	For other nose and throat conditions
St. Catherine's	41	4
Children's	51	6

### CONVALESCENCE AND AFTER CARE

In 1971 the Medical staff examined 13 school children who were referred for convalescence and approval was given in all cases.

Parents refused consent in four cases and the actual number of children admitted to Convalescent Homes during the year was 9.



## DEAF AND PARTIALLY HEARING CHILDREN

During the past year work has continued in the ascertainment of children with hearing difficulties and the placement of such pupils in suitable educational establishments.

Mr. H.N.W. Fletcher, M.A., Dip.Ed., Cert.T.D., Teacher of the Deaf, has kindly submitted the following report on the Partially Hearing Unit for the year :-

### HEARING-IMPAIRED CHILDREN

The Advisory Peripatetic Service, which originated in the survey of hearing-impaired children, instituted by the Director of Education in 1968, developed significantly in 1971. The number of children using hearing aids in Birkenhead schools rose from thirty to forty, and there were also more than thirty known to be handicapped by a severe unilateral hearing loss. The Teacher of the Deaf was also concerned with many other children experiencing serious but temporary deafness.

Perhaps the most significant advance of the year was the early discovery of two deaf babies born in 1970. Altogether ten pre-school children were helped. In all cases the parents attended for one or two hours each week for counselling, the aim of which was to show them how to teach their children at home. Two of these children were later placed in the Partially Hearing Unit at Townfield School, and a third was accepted at a residential school for the partially hearing.

The Partially Hearing Unit began the year with eight children. Two of these were able to move back to their local schools, with subsequent peripatetic support, and a twelve-year-old was placed at Birkdale School for the Partially-Hearing. Four severely handicapped infants and an elder child were moved into the Unit. The total there reached ten, and this coincided with the appointment of a full-time teacher of the deaf to take charge. The number of transfers is likely to prove exceptional. By the end of 1971 most places were held by young children who would need to remain until the age of twelve.

The Unit continued to function as an integral part of the School, with the partially hearing children participating fully. This kind of educational treatment may be summarised as skilled individual teaching, using good modern electronic equipment, in a normal, but understanding, environment. Children with quite severe deafness have learnt to understand language, to develop intelligible speech, to read, and to join in all the activities of a normal education.

### AUDIOMETRIC SWEEP TESTING

The two audiometers for sweep testing of school children in schools and clinics continued and the School Nurses examined the following number of children during the past year :-

Total number seen	..	..	..	..	..	4,455
Number referred for Specialist opinion	..					86

### SPEECH THERAPY

The Speech Therapy Service has continued as a joint service with the Birkenhead Hospital Management Committee and during the year the following school children received speech therapy at the Local Authority Clinics :-

#### The position as at the 31st December, 1971:

Receiving Speech Therapy	..	..	..	..	..	193
Completed a course of Speech Therapy	..	..	..			63
Improved and removed from list	..	..	..	..		45
Under review	..	..	..	..	..	117
Children awaiting treatment	..	..	..	..		129

The decrease in the numbers of children receiving Speech Therapy during 1971 does not indicate any decrease in the numbers of children referred, but reflects the shortage of Therapists to provide a comprehensive service and continuity of treatment.

The increased referral of pre-school children is an encouraging factor. Unfortunately, the lack of sufficient Therapists and breaks in continuity of service prevents prompt assessment and treatment. The presence of a long waiting list does little to encourage parents to attend regularly when children are admitted for treatment.

#### Treatment

The present treatment pattern consists of weekly sessions of about thirty minutes duration generally carried out on an individual basis. Children with the most severe defects do not derive greatest benefit from this form of treatment and it is hoped to introduce more intensive therapy with two or three sessions per week for the most handicapped children.

It is recognised that daily therapy for short periods is of greatest benefit to severely handicapped children, but this requires adequate staffing and a centralised service.

Recent research indicates that children with delayed development of language abilities derive greatest benefit from early treatment and it is hoped, in future, to introduce more assessment and treatment groups for pre-school children. During 1971 two group sessions for young stammerers were continued and it is hoped to establish earlier treatment for children with disorders of fluency.

#### Types of Disorders

- (a) Developmental disturbance or delay in the normal patterns of speech and language acquisition.
- (b) Acquired disorders or deviations in articulation, voice fluency and language.

Major factors underlying these disorders are principally, physical intellectual or emotional. Environmental factors are also found to play a major role in causing these disorders. All categories of disorder were treated in Birkenhead during 1971 with a predominance of developmental disorders of language and articulation. There continues to be a high incidence of disorders of fluency.

### Clinic Attendance

Head Teachers, School staff and Health Visitors have been very helpful in encouraging the children to attend the Speech Therapy Clinics. However, attendances have been affected principally because of the disturbing effects of interruptions in the continuity of treatment due to shortage of staff.

### SCHOOL PSYCHOLOGICAL SERVICE

I am grateful to Mr. P.J. Macdonald, Educational Psychologist, who has submitted a report on the work of the School Psychological Service, a summary of which is reproduced below:

Individual children and parents are seen at the Child Guidance Centre or at their school depending upon the nature of the problem and administrative convenience.

The Majority of problems referred are dealt with solely by the Psychologist. The Social Worker becomes involved when there are indications that a full social history is necessary or when it is felt that the parents require some support.

All children who attend the Consultant Psychiatrist are seen initially by a School Medical Officer and a Psychologist. A full social history is taken by the Social Worker.

The tables below detail the number of children referred and how they were dealt with. No details are given of the number of interviews involved as this number would clearly depend on the amount of time given to each interview. The vast majority of problems require  $1\frac{1}{2}$  - 2 hours for adequate diagnosis which may involve one, two or three interviews, depending upon extraneous factors such as the child's attention span and punctuality.

Number of children referred in 1971	385
Number investigated by 31st January, 1971	350
Awaiting investigation at 31st January, 1971	35
Seen by full Child Guidance team - Psychiatrist, Psychologist and Social Worker	40
Seen by Psychologist and Social Worker only	43
Seen by Psychologist only	267

The general educational work has centred largely on two spheres (1) remedial teaching (2) lectures to teachers.

The peripatetic remedial teachers have had regular meetings to discuss administrative and technical problems since the autumn and discussions are under way to widen the coverage of the remedial teaching service to cover all schools in the Borough.

Two courses of lectures have been given to teachers each consisting of ten lectures - the first course in the summer term was on Maladjustment and the second course in the autumn term was on Educational Measurement.

A small amount of advice has been given to schools on standardised tests and other methods of group evaluation.

The year as a whole has seen the establishment of the School Psychological Service. The rate of referral is at the expected level for the population. The future will provide problems if staffing does not keep pace with the increased proportion of cases to be reviewed in addition to new referrals.

#### CHILD GUIDANCE CENTRE

I am grateful to Dr. S.L. Wright, Consultant Psychiatrist to the Education Authority, for submitting a report on the service, a summary of which is reproduced below:

In the year ended 31st December, 1971, 40 new cases were seen at the Child Guidance Centre, 69 cases reviewed and 4 children, with their families, were seen at the Autistic Unit, Woodvale School, Upton. During the year nine cases were closed and one was referred for treatment at the Priory Day Hospital, Birkenhead.

During the past year the attendances have been good with very few refusals, or non-attendances. A total of 632 home visits were made by the Psychiatric Social Worker, who also gave 269 clinical interviews to relatives of children referred.



A great deal of interest has been shown in the Child Guidance Service, by Headteachers of many schools in Birkenhead, and Mrs. S.M. Ley, the part-time Educational Psychologist, has seen children in schools, in addition to those examined by Mr. P.J. Macdonald, full-time Educational Psychologist.

It may be of interest to mention one or two of the more unusual cases; a girl aged 16½ was referred by her General Practitioner because of emotional disturbance. This girl was of superior intelligence, I.Q. 125, but had only obtained one "O" level, had become depressed and sullen and had the appearance of an early "hippy". She was one of a large family, all of good intelligence, but two of whom had had breakdowns in adolescence. The father was rather remote from the situation and the mother appeared dominant.

The girl came to the Priory Day Hospital, admitted taking marihuana occasionally for her depression, but no other drugs. She described her general misery and inability to think of a future career, but she generally improved on medication, returning to school at the end of the Autumn term. She is making good progress and hopes to complete further "O" and "A" levels within the next eighteen months.

Another girl was referred by the Chief Education Welfare Officer because of anxiety expressed by her Guardian and Headmistress. Her behaviour since the death of her mother had caused her Aunt great concern. The girl was terrified that the Aunt might die soon. She was of average intelligence but had not been able to work up to her full capacity because of her anxiety and fear of once more losing a maternal figure. She responded well at the Clinic and was able to discuss her problems with the Psychiatric Social Worker, who gave adequate support in the home. This type of child requires considerable support and understanding.

One child was transferred from the Notre Dame Child Guidance Clinic, Liverpool, having been seen there for the previous year. She was of low average intelligence, truanting, behaving in a difficult manner at home and at school; her behaviour was bordering on the delinquent. The father suffered from epilepsy, mother was in full employment and both parents found it difficult to handle a daughter, after bringing up three sons. Her behaviour was of the attention seeking variety and at one stage residential schooling had been contemplated.

When this girl was first seen at the Child Guidance Centre her schooling was nearly concluded, as she had only two terms to complete. She had been worrying about her father, who did not always take his medication, but gradually learned to appreciate the problems at home and became more settled. There was concern about obtaining suitable employment and this, indeed, proved to be difficult due to the general employment situation in Birkenhead.

Although there were teething troubles initially the Child Guidance Service is now firmly established in Birkenhead and is fulfilling an important function in the educational services of the Town.

#### SCHOOL CHIROPODY SERVICE

For some time past it had been evident that there was a demand for a School Chiropody Service. Information was sought from the Authorities at the City of Salford, where a very successful service has been provided for some years.

From the information provided it was possible to draw certain parallels and estimate the requirements for a similar service in Birkenhead.

The Birkenhead School Chiropody Service commenced in September, 1971, on a trial basis of one session weekly. Interest in the Service became widespread and there was a steady demand from General Practitioners, Health Visitors, Teachers and Parents.

The most common foot condition found in children is Verruca Pedis; to a lesser extent callosities and some minor foot orthopaedic defects.

The number of children who attended the Service, up to the end of the year was 59 and these children received 176 individual treatments.

By the end of the year it was apparent that one session per week was insufficient for the demand and it is proposed to allocate additional time in the immediate future, bearing in mind that the only limitations on the Service will be the availability of facilities in the main Chiropody Service, at the Social Services Centre.

### HEALTH EDUCATION

Owing to the illness and death of Dr. J. Fergusson, Health Education Officer, it was not possible to carry out much work of Health Education in the early months of 1971.

In August a Health Visitor was seconded to carry on this work pending the appointment of a successor. All High Schools were visited and as many of the Middle and Primary Schools as possible were contacted to offer the facilities available.

I am grateful for the excellent co-operation afforded by Headteachers and there is no doubt that the service could be increased, given the opportunity.

The subjects covered in most High Schools, in a syllabus arranged over a period of ten weeks, were as follows :-

Personal Hygiene	Diet	Human Reproduction
V.D.	Contraception	Addiction
Anti-Smoking	Mental Health	Environmental Hygiene
	Questions & Answers	

All forms of visual aids are used in these courses, but the most popular appear to be cine sound films. The enthusiasm and eagerness with which the Senior courses are received, both by Teaching Staff and pupils, is very gratifying.

Many of the Health Visitors have shared in the work of Health Education and I am grateful for the interest shown.

It is hoped that it will be possible to appoint a Health Education Officer in the near future, when perhaps the scope of the Service can be increased with the continued assistance of the Health Visitors.

M E D I C A L I N S P E C T I O N R E T U R N S  
Y E A R E N D E D 3 1 S T D E C E M B E R 1 9 7 1

MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PERIOD MEDICAL INSPECTIONS

Age Groups inspected (By Year of Birth)	Number of Pupils Inspected	PHYSICAL CONDITON OF PUPILS INSPECTED		Number of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory Number	Unsatisfactory Number		For defective vision (excluding squint)	For any other condition recorded at Part II	TOTAL individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 & later	526	526	-	-	4	65	64
1966	1063	1063	-	-	7	102	93
1965	355	354	1	-	5	48	44
1964	237	236	1	-	9	24	28
1963	131	131	-	39	4	17	20
1962	107	107	-	46	3	17	16
1961	85	84	1	59	4	12	11
1960	130	127	3	92	4	18	19
1959	73	72	2	42	3	3	5
1958	21	20	1	-	-	2	2
1957	4	4	-	-	-	2	2
1956	1720	1718	2	-	159	83	221
& earlier							
TOTAL	4452	4451	11	277	202	393	525

Col. (3) total as a percentage  
of Col. (2) total .. .. .

99.75%

Col. (4) total as a percentage  
of Col. (2) total .. .. .

00.25%



P A R T I ID E F E C T S   F O U N D   B Y   M E D I C A L  
I N S P E C T I O N S   D U R I N G   T H E   Y E A R   1 9 7 1PERIODIC INSPECTIONS

Defect Code Cumber (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				Special Inspection
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T 19	32	1	52	9
		O 27	51	5	83	45
5	Eyes -					
	a. Vision	T 10	163	4	177	25
		O 15	136	4	155	50
	b. Squint	T 29	15	1	45	18
		O 26	28	2	56	28
	c. Other	T 3	1	1	5	1
		O 12	12	-	24	7
6	Ears -					
	a. Hearing	T 6	3	2	11	9
		O 29	24	4	57	65
	b. Otitis	T 8	5	-	13	3
	Media	O 60	37	4	101	35
	c. Other	T 2	2	-	4	-
		O 12	33	1	46	20
7	Nose & Throat	T 15	3	1	19	13
		O 119	36	9	164	147
8	Speech	T 8	14	3	25	8
		O 30	14	6	50	45
9	Lymphatic Glands	T 1	-	-	1	-
		O 17	6	-	23	6
10	Heart	T 4	1	-	5	-
		O 13	15	-	28	16
11	Lungs	T 10	6	-	16	6
		O 35	30	5	70	56
12	Develop- mental -					
	a. Hernia	T 5	-	-	5	2
		O 6	1	-	7	6
	b. Other	T 4	-	1	5	4
		O 36	6	3	45	23
13	Orthopaedic -					
	a. Posture	T 1	-	-	1	4
		O 1	14	-	15	-
	b. Feet	T 12	5	1	18	9
		O 72	60	2	134	46
	c. Other	T 11	13	-	24	2
		O 24	36	5	65	28

Defect Code Number	Defect or Disease	PERIODIC INSPECTIONS				Special Inspec- tions
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
(1)	(2)					
14	Nervous System -					
	a. Epilepsy T	2	-	-	2	-
	O	4	8	-	12	7
	b. Other T	1	1	-	2	-
	O	9	4	1	14	15
15	Psycholog- ical -					
	a. Development T	8	-	1	9	3
	O	8	5	2	15	11
	b. Stability T	2	1	-	3	7
	O	31	54	3	88	45
16	Abdomen					
	T	-	-	1	1	1
	O	13	7	-	20	15
17	Other					
	T	-	1	1	2	-
	O	11	52	2	65	41

#### ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated:
(a) Pupils treated at Clinics or out-patients departments:	43
(b) Pupils treated at school for postural defects:	1
Total:	44

#### DISEASES OF THE SKIN

(excluding uncleanness)

	Number of cases known to have been treated:
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	42
Impetigo	23
Other Skin Diseases	25
Total:	90

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated:
Pupils treated at Child Guidance Clinics:	350 cases referred

SPEECH THERAPY

	Number of cases known to have been treated:
Pupils treated by Speech Therapists:	301

OTHER TREATMENT GIVEN

	Number of cases known to have been treated:
(a) Pupils with minor ailments (attended Local Authority's Clinic):	96
(b) Pupils who received convalescent treatment under School Health Service arrangements_	9
(c) Pupils who received B.G.G. Vaccination:	1,928
(d) Other than (a) (b) and (c) above:	
(i) Audiometry (sweep test) in schools: 4,455)	5,029
(ii) Audiometry-Clinic tests by School Medical Officers: 574)	
(iii) General Medical and Minor Ailments treated at Local Hospitals:	389
Total (a)	7,451

ANALYSIS OF HOSPITAL TREATMENT (IN-PATIENTS)

From returns of in-patient treatment submitted during the year by Hospitals in the area, the following analysis, shown under 11 groups, gives the number of cases treated.

Localisation of Disease	Children's Hospital	St. Catherine's Hospital	Thingwall Hospital	Totals
(1) EYES				
Operative	-	-	-	-
Non-operative	-	-	-	-
(2) SKIN	-	2	-	2
(3) GENITO-URINARY	1	37	17	55
(4) EARS				
Operative	24	-	-	24
Non-operative	14	6	-	20
(5) NOSE & THROAT				
Tonsils and Adenoids Ops.	51	41	-	92
OTHERS:				
Operations	6	4	-	10
Non-operations	22	7	1	30
(6) HEART & CIRCULATION	-	2	-	2
(7) RESPIRATORY	7	39	29	75
(8) OPERATIVE SURGICAL	31	52	-	83
(9) NERVOUS CONDITIONS	-	-	-	-
(10) ORTHOPAEDIC	-	-	-	-
(11) GENERAL MEDICAL	162	201	26	389
TOTALS	298	391	73	762

HANDICAPPED CHILDREN - SUMMARY OF ACCOMMODATION(Position as at January 1972)PupilsCategories (a) Blind and (b) Partially Sighted

St. Vincent's School, Liverpool.	1
Royal School for the Blind, Liverpool.	2
Holmrook School for Partially Sighted, Liverpool.	1

Categories (c) Deaf and (d) Partially Hearing

Royal School for the Deaf, Manchester.	1
St. John's School for the Deaf, Boston Spa.	2
School for Partially Hearing, Birkdale.	1
Alice Elliott School, Liverpool.	16
Underlea Open Air School, Liverpool.	1
Thomason Memorial School, Bolton.	1

Category (e) Educationally Subnormal

Pitt House School, Torquay	3
Rocklands, Chudleigh, Devon.	1
St. Christopher's School, Bristol.	1
Pontville R.C. School, Ormskirk.	4
Allerton Priory, Liverpool.	7
Spring Hill School, Ripon.	1
Crowthorn School, Bolton.	2
Aldwark Manor, Kingston-upon-Hull.	1
Hindley Hall, Gateshead.	2
Beechwood School, Liverpool.	1
Gallowhill, Morpeth.	1
Crookhey Hall, Lancaster.	1
The Woodlands, Deganwy.	2
Northcliffe Day Special School (Lancs. C.C.)	1
Woodvale Day Special School, Birkenhead.	112
Autistic Unit, Woodvale School, Birkenhead.	4
Autistic Unit, Neston.	1
Deeside School, Neston.	1
Moreton Cross Day Special School, Moreton.	62

Category (f) Epileptic

Maghull Homes for Epileptics, Maghull.	3
David Lewis Homes, Alderley Edge.	1
Soss Moss, Manchester.	1

Category (g) Maladjusted

Bryn Alyn Community, Wrexham.	2
Larches House, Preston.	2
St. Thomas More's School, East Allington.	3
Shotton Hall School, Shrewsbury.	2
Hilbre School, Sheringham.	3
Clwyd Hall, Ruthin.	2
House in the Sun, Tring.	2
St. Joseph's, East Finchley.	2
Wennington Hall, Blackpool.	1

<u>Categories (h) Physically Handicapped and (j) Delicate</u>	<u>Pupils</u>
Heathercome Brake School.	1
Convalescent Home & School, West Kirby.	5
Bethesda Home, Cheadle.	1
Elleray Park Day Special School, Wallasey.	22
Home of Recovery, Liverpool.	1
Corfield Residential School, Coventry.	1



# RETURN OF HANDICAPPED CHILDREN

## PART I

Details of handicapped pupils requiring education at Special Schools, returned to the Department of Education and Science on Form 21M an extract of which is reproduced.

	During the calendar year ended 31st December, 1971:-	Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	ESN (8)	Epil (9)	Sp.Def. (10)	TOTAL (11)
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	-	-	-	1	8	2	5	15	1	-	32
		-	1	-	1	3	2	1	10	1	-	19
B	How many children were newly placed in special schools (other than hospital special schools) or boarding homes?											
	{ (i) of those included at A above											
	Boys	-	-	-	-	2	-	1	7	-	-	10
	Girls	-	1	-	-	2	2	1	4	1	-	11
	{ (ii) of those assessed prior to January, 1971											
	Boys	-	-	-	-	5	1	2	17	-	-	25
	Girls	-	-	-	-	1	-	-	9	-	-	10
	{ (iii) TOTAL newly placed - B (i) and (ii)											
	Boys	-	-	-	-	7	1	3	24	-	-	35
	Girls	-	1	-	-	3	2	1	13	1	-	21

C	Boys	43
	Girls	56
	TOTAL	99

How many children from the Authority's area, previously regarded as unsuitable for education at school, became the Authority's responsibility on 1st April, 1971?







REPORT ON PHYSICAL EDUCATION IN SCHOOLS IN BIRKENHEAD, 1971

The Director of Education has kindly submitted the following report:

Physical Education has occupied its usual important place in the activities of schools of the Borough this year. Increasing emphasis has been given to the "movement" approach, particularly in the First and Middle Schools. The new light and easily assembled tubular apparatus is in constant use. With the establishment of Middle Schools in September, 1971, considerable thought was given to the provision of extra facilities for the additional Middle School year. As a result the Middle Schools were given increased allocations of time at the playing fields and swimming baths. It would be now true to say that the middle years of schooling are those where the bulk of swimming tuition is found.

Out of school activities have proceeded strongly. In the Middle and Combined Schools the inter-school leagues and rallies in football, cricket, rounders and netball have had their usual success. Pride of place must go to the Junior Town Team for reaching the final tie of the Cheshire Schools' F.A. Moor's Cup Competition. The Junior Athletic Festival was a complete success. Nearly one thousand school children took part. The facilities offered at the Woodchurch Arena and the ready help given by the many officials made significant contributions to the event.

The Secondary Schools pursued a wide variety of activities. In May the usual Secondary School Athletics Championships were held. They went with a resounding swing and had great support. Full teams of athletes represented the town at the County Championships and four boys went on to the All-England Championships. In 1973 Cheshire will be staging the All-England Schools Championships at the Oval and Birkenhead teachers are already involved to a great degree in planning this championship. The girls of Birkenhead Town Football Team reached the semi-final of the Cheshire Shield losing this game to Chester by the only goal of the match. The girls of Birkenhead Secondary Schools displayed their usual enthusiasm. In netball six schools entered the Cheshire Schools Tournament two of which reached the finals. Four schools also entered the English Schools Knock Out Tournament. Birkenhead schools have been strongly represented in various girls' cross country events and two girls were chosen to represent Cheshire in the English Schools Championships at Keswick. Swimming held its usual run of success for the girls of Birkenhead. At the Cheshire Schools Gala, held at Dukinfield, for pupils of 11 to 14, Birkenhead won the Duke of Westminster Challenge Cup. At the Cheshire Schools Gala for pupils of 14 to 16, held at Lymm, Birkenhead won the Cheshire Swimming Shield. Pupils of many schools took Royal Life Saving awards and the value of this training cannot be too highly stressed. Seven hockey teams took part in the Birkenhead Schools Tournament and three also took part in the Cheshire Schools Hockey Tournament. In athletics a full team of girls represented Birkenhead in the Cheshire Schools Championships. Birkenhead were the winners of the Intermediate Trophy (14-16 years).

These valuable activities are only made possible by the great voluntary support of the local teachers. The work of the officials of the Birkenhead Schoolboys and Schoolgirls Sports Associations deserves the highest praise.

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### SCHOOL DENTAL SERVICE

I am indebted to Mr. W.M. Shaw, Chief Dental Officer, for the following report on the School Dental Service for 1971:

During the year there have been some changes in the staffing situation. Mr. A.R. Gill was appointed to the post of Senior Dental Officer in April and this appointment brought our strength up to the establishment of five dental officers. Regretably, however, Mr. R. Cliffe, following a period of absence through ill-health, decided to leave Birkenhead in July, in order to take an appointment in the more rural circumstances of Lincolnshire. His replacement was found in Mr. N. Kendall, who was appointed Senior Dental Officer in November. Thus, for several months of the year, we were one dental officer below strength. Since 1970, the staffing situation generally has been much more favourable than that of former years. The dental team is completed with our Dental Auxiliary, six Dental Surgery Assistants, two Clerks and part-time help from our Anaesthetists and Orthodontist.

The statistical tables show that 5,358 pupils received a dental inspection at school which, together with the 2,724 pupils inspected at the clinics, represents about one-third of the total school population. It is somewhat disappointing that, at the present time, we are unable to cover the entire school population. This we could only do if we were able to offer, without too long a delay, full comprehensive dental treatment to those found to require and then request this. Of those who received a dental inspection during the year, 79 per cent were found to require dental treatment - a considerably higher figure than the national average of 56 per cent. 38 per cent of all those offered dental treatment resulting from the inspections at the schools, expressed the wish to obtain dental treatment through our dental services. This shows that the demand for dental treatment is similar to that of previous years. Most of the remaining 62 per cent indicated that they wished to obtain their dental treatment through the general dental services. However, it is obvious that a certain number of school children appear never to receive any dental treatment, their parents making no effort at all to ensure that their children attend a dentist, even though advised to do so.

A brief analysis of the statistics relating to dental treatment will show that 2,103 courses of treatment were completed in the year, compared with 1,553 courses completed for 1970. The amount of conservative dentistry shows a slight increase on that for 1970 and a considerable increase on that of earlier years. This is a reflection of the improved staffing situation. The total number of teeth extracted, unfortunately remains as high as ever, as does the number of "emergencies" - that is attendances for the relief of pain. The provision of an efficient emergency service is likely to continue to be an important aspect of our work.



A reduction in the high numbers of dental extractions and "emergencies" is not likely to be seen in the near future, as there appears to be little movement towards the strong preventive measures necessary to achieve this. The most important and effective preventive measure of all, the fluoridation of the public water supplies, is still regarded with suspicion by so many people. With the recent acceptance of fluoridation by Cheshire County Council, this matter was once again considered by Health Committee in June, and was approved. It was disappointing that, following this, Council felt unable to accept the principle of fluoridation yet once again. The other preventive measure that we can and are adopting is dental health education. Our dental Auxiliary is continuing with her good work in this field and, at the end of the year, nearly 50 per cent of all the schools have had, by classes, lectures with visual aids on dental health. The importance of correct diet, oral hygiene and the necessity for frequent dental inspections are stressed to the children, and it is to be hoped that much of this information will be assimilated and bring about the desired correct attitudes. Just how much permanent benefit dental health education has on any community is difficult to measure scientifically. The aim of any health education project is to bring about a change of attitude, and the measure of this, together with its degree of permanence, is difficult to assess.

For some time now I have felt some concern for what appears to be an increasing number of dental appointments which are not kept, at the five clinics in current use. Because of this, I decided to keep an account of the number of broken dental appointments. A total of 17,553 appointments were made in the year, and out of that number, 3,390 appointments were not kept; this figure does not include appointments cancelled in advance for reasons such as illness. Thus, 19 per cent of all appointments were broken, representing that percentage of time wasted by our dental officers - time which could be spent carrying out so much needed dental treatment. Bearing in mind that these appointments have, after all, been requested by parents, one must conclude that this is a measure of their apathy towards such matters. A little more consideration to this matter by these parents would be welcomed.

I introduced my report for 1970, by stating that it was a year of considerable progress. I am pleased to report that trend has been continued in 1971. I am most grateful to Dr. Nicholas and the Education Committee and to all who participated in the working of the department, for making 1971 another successful year.



DENTAL INSPECTIONS AND TREATMENT CARRIED OUTBY THE AUTHORITYDURING THE YEAR ENDED 31ST DECEMBER, 1971ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
First visit	1628	1644	293	3565
Subsequent visits	2975	3989	789	7753
Total visits	4603	5633	1082	11318
Additional courses of treatment commenced	123	99	15	237
Fillings in permanent teeth	2276	4985	1081	8342
Fillings in deciduous teeth	1898	267	-	2165
Permanent teeth filled	1486	3965	885	6336
Deciduous teeth filled	1632	277	-	1909
Permanent teeth extracted	194	801	169	1164
Deciduous teeth extracted	2279	803	-	3082
General anaesthetics	854	573	66	1493
Emergencies	492	351	68	911

Number of pupils x-rayed  
 Prophylaxis  
 Teeth otherwise conserved  
 Number of teeth root filled  
 Inlays  
 Crowns  
 Courses of treatment completed

310  
 1494  
 159  
 19  
 4  
 16  
 2103

ORTHODONTICS

New cases commenced during year  
 Cases completed during year  
 Cases discontinued during year  
 Number of removable appliances fitted  
 Number of fixed appliances fitted  
 Pupils referred to Hospital Consultant

71  
 39  
 8  
 106  
 -  
 -

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	3	17	11	31
Number of dentures supplied	4	22	17	43

ANAESTHETICS

General Anaesthetics administered by  
Dental Officer

-

INSPECTIONS

(a) First inspection at school. No. of pupils  
 (b) First inspection at clinic. No. of pupils  
 Number of (a) + (b) found to require treatment  
 Number of (a) + (b) offered treatment  
 (c) Pupils re-inspected at school clinic  
 Number of (c) found to require treatment

5358  
 2724  
 6410  
 5654  
 1032  
 683

SESSIONS

Sessions devoted to treatment  
 Sessions devoted to inspection  
 Sessions devoted to Dental Health Education

1769  
 58  
 86



Produced and printed in the  
Borough Treasury, Birkenhead







# THE HEALTH OF BIRKENHEAD

1971

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER



COUNTY BOROUGH OF BIRKENHEAD



EDUCATION COMMITTEE

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ANNUAL REPORT  
on the  
**SCHOOL HEALTH SERVICE**  
for the  
YEAR ENDED 31st DECEMBER, 1971.  
by

P.O. NICHOLAS

M.B., Ch.B., D.C.H., D.P.H.

Principal School Medical Officer



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COUNTY BOROUGH OF BIRKENHEAD

EDUCATION COMMITTEE  
(as at 31st December, 1971)

The Worshipful the Mayor

ALDERMAN K.W. PORTER

Chairman:

COUNCILLOR MISS E.M. KEEGAN

Deputy Chairman

COUNCILLOR G.J. LLEWELLYN

Aldermen:

J. FURNESS, J.P.

C.S. McRONALD, J.P.

J.H. ROBERTS, J.P.

MRS. M.C. WINTER

Councillors:

J.W. HARLAND

G.C. LINDSAY

A.E. SMITH

MRS. N.E. UNDERHILL

A.E. WISE

R. KIMBERLEY

MRS. S.W. PYKE

MISS D. TOMLINSON

D.W. WILLIAMS

Co-opted Members:

THE REV. J. BURGON

MR. G. FLINT

MR. H.P. BIRKETT

MR. D.J. GAY, J.P.

MR. D.F. BATES

THE REV. J. ST.H. MULLETT, M.A.

PROFESSOR T.W. GOODWIN, D.Sc.,  
F.R.I.C., F.I., Biol., F.R.S.

MR. K.G. ALLEN

MRS. M. MUIR, J.P., B.Sc.

## S T A F F

Principal School Medical Officer:  
P.O. NICHOLAS, M.B., Ch.B., D.C.H., D.P.H.

Deputy Principal School Medical Officer:  
J.T. ROBERTS, M.B., B.S., D.P.H.

Senior Medical Officer:  
MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:  
PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S.  
CAROLE STANDLEY, M.B., Ch.B. (Resigned 31st October, 1971)

Local Medical Practitioners who provide part-time  
service on a sessional basis:  
OLIVIA S. CROSTHWAITE, M.B., Ch.B.  
JOYCE M. OWEN, M.B., Ch.B.  
PAMELA A. ROBERTSON, M.B., Ch.B., D.Obst., R.C.O.G.  
MAUREEN M. WETHERELL, M.B., Ch.B.  
SHIRLEY NICHOLAS, M.B., Ch.B., D.Obst., R.C.O.G.  
NORA M. ENGLISH, M.B., B.Ch. (Ophthalmic)  
PHYLLIS JEAN DISLEY, M.B., B.Ch.

Consultant Psychiatrist:  
SHEILA L. WRIGHT, M.B., Ch.B., D.P.M., D.C.H.

Consultant E.N.T. Surgeons:  
A.S. DAVIDSON, M.B., Ch.B., F.R.C.S., D.L.O.  
(February-March 1971)  
A.K. BARUAH, M.B., B.S., F.R.C.S.E., D.L.O.  
(With effect from April 1971)

Chief Dental Officer:  
W.M. SHAW, L.D.S.

Senior Dental Officers:  
R. CLIFFE, B.D.S. (Resigned 1st July, 1971)  
STEPHANIE WITHERS, B.D.S.  
A.R. GILL, B.A., L.D.S. (Commenced 19th April, 1971)  
N. KENDALL, L.D.S. (Commenced 22nd November, 1971)

Local Dental Surgeons who provide part-time  
service on a sessional basis:  
N. HEWITT, L.D.S.  
MAUREEN MORTON, B.D.S.

Consultant Orthodontist (Part-time):  
T. WYNNE, P.H.D., B.D.S., F.D.S., D.Orth., R.C.S.

Anaesthetists (Part-time):  
ANTHEA BUSHBY, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A.  
G. McLOUGHLIN, M.D., F.F.A.R.C.S.

Speech Therapists:  
Mrs. C. WILSON, L.C.S.T. (Part-time, 1st January-31st March, 1971)  
Mrs. R.S. LAW, L.C.S.T. (Part-time)  
Mrs. A. WHITE, L.C.S.T. (Resigned 31st July, 1971)  
Mrs. M.A. PRITCHETT, L.C.S.T. (Commenced 15th November, 1971)

Superintendent Health Visitor and School Nurse:  
Miss A.E. GRIFFITHS, S.R.N., S.C.M., H.V.C.  
(Retired 27th August, 1971)  
Miss F.E.M. BUTT, S.R.N., S.C.M., H.V.C.  
(Deputising w.e.f. 28th August, 1971)

I N T R O D U C T I O N

"It should not be a congress of ambassadors from different and hostile interests but a place where not local purposes, not local prejudices ought to guide, but the general good, resulting from the general reason of the whole."

Burke's address to the electors of Bristol.

1971 was a year of change in Birkenhead. Some of these changes in health matters resulted from central Government legislation and also a changing local political control when there was a change from Conservative to Labour Party control in May, 1971, but all Parties and the people have worked together for the general good, and some interesting progress in various health fields has been made.

The Local Authority Social Services Bill came into operation in April, 1971 and the Home Helps services, Nursery situations and Mental Health Aftercare passed to the control of the Director of Social Services. During January and February we completed the furnishing of the Hostel for Mentally Handicapped children in Noctorum Estate and thus the Director of Social Services took over a facility which we are both certain will be of inestimable benefit to the many families who have mentally and sometimes multiply handicapped children. By the end of the year the advantages of short stay care provided by this hostel was beginning to become apparent. Parents were a little cautious at first to allow their children to enter the hostel, but the excellent work by the Matron and staff has alleviated the apprehension. The Hostel for Mentally Subnormal Adults on the Ford Estate was handed over to the Director of Social Services in a partly built state but it was a great privilege to be asked by the Social Services Committee to perform the opening ceremony at the end of the year. All who have had a hand in building and furnishing this hostel are to be congratulated on the final project. As I said in my remarks I hope it will be a real home for the retarded and that the community will join in ensuring that these citizens are happy and integrated in society. Passing mental aftercare to the Director of Social Services does not dim my interest in Mental Health and it is important that the Community Physician of the future should take an active interest in this subject. I think in the last five years in Birkenhead we have made big strides in the field of mental retardation, but we still have some way to go in offering better facilities for rehabilitation of the mentally ill in the community. I watch with interest the progress of the links between the Industrial Training Organisation and the new sheltered workshop which is planned in the Pensby Street area - by the turn of the year the unfit houses were cleared to make room for the new centre.

In April the first health centre was opened on Whetstone Lane. This is a well appointed centre which provides facilities for at present three family doctors and limited local authority services. A health visitor and district nurse are attached to the practice and by the turn of the year a speech therapist was also working several sessions at this centre.



Other doctors are awaiting their new health centres but only those who are involved realise what a prolonged and difficult exercise it is to build different health centres to meet different requirements. The long awaited Ford Health Centre to serve the new estates is to begin at the start of the new year, 1972. South Health Centre is in the tendering stage, as is the North-end Clinic which has Health Centre provision if some family doctors will use it. The Infrastructure programme to ease the unemployment situation also enabled us to plan a health centre for four family doctors in the Conway Street area.

These new centres will be ready for the formation of the new Area Health Board, not just for handing over, but to provide for good health services for the people of Birkenhead - these revitalised health services will still be needed when Birkenhead becomes part of the larger Wirral Metropolitan District Authority.

The new health centres enable us amongst other matters to get a better attachment of community nursing staff to family doctors. The Committees and Council agreed that the Nursing services needed many changes and to assist these changes we should redevelop the Nursing staffing along the recommendations of the Mayston Report. With the retirement of Miss Griffiths, the Superintendent Health Visitor, who had given 20 years' excellent service to the department we advertised for a Director of Nursing Services. By the end of the year it looked as though the appointment had been filled - we can await further developments in 1972. One thing is certain good Community Nursing is vital in the years to come. It is much too expensive for patients to stay too long in hospital beds and, in any case, patients like to be nursed in their homes as soon as is practicable.

During 1971 new child welfare clinics were opened in the North end of the town at Perrin Hall. The church authorities were helpful in providing the accommodation and extra washing facilities. Their help enabled us to make a start in preparation for the purpose built North End Clinic which is much needed in this less privileged area of the town. In contrast we began a child welfare session at the new Whetstone Lane Health Centre. The difficulty is not just one of building, it is also one of staff. As each long serving health visitor or doctor or voluntary worker leaves, there is the difficult task of replacement of these personnel. Only those who work in the industrial North can appreciate the true magnitude of staffing problems.

Our staffing problem in the field of Health Education became sadly acute with the death of Dr. Joseph Fergusson in June of 1971. He had a varied career till in the last four years of his life he served Birkenhead and Wallasey Corporations as Health Education Officer. He was a pioneer in this post and he left behind structures and ideas which others can follow and build on. Pending a new appointee in the joint post his work was ably followed up by Mrs. Curtis, a Health Visitor in the department. She made with other health visitors and in collaboration with Mrs. Hobbs, Administrator of the Merseyside Cancer Education Committee, a particular contribution to two anti-smoking clinics run in 1971.

The Environmental side of public health has been given all the enthusiasm which Mr. Darley, the Chief Public Health Inspector, can muster. He and his inspectors and technical assistants are to be congratulated on the effort made. The final flourish at the end of the year was the organisation of a housing improvement exhibition in the Town Hall. If we can persuade people in 1972 and 1973 to take up the Government offer of a 75% grant to improve their homes we can prevent what we have to do at present, namely clear unfit housing.

The improving of the environment of Birkenhead has a long way to go. It is everyone's concern. There is too much dropping of waste papers, too many dogs soiling streets, too many thoughtless people spraying buildings and causing unnecessary damage. There are too many scars in Birkenhead. The chaos of building a new motorway through central Wirral was apparent in 1971 at Upton and Woodchurch. Order was coming towards the end of the year, but sadly the gaunt structure of an abandoned half built shopping centre awaited completion. All these matters affect the total health of the people of the town. In terms of health it can truly be said "I am my brother's keeper" - each of us has a part to play.

I would like to thank Alderman R. Pilkington who led the Committee for the first part of the year and Alderman C.S. McDonald who guided us during the last nine months of 1971. Both Chairmen showed great interest in all matters concerning the health of the people of Birkenhead. They and the members of their Committees are to be congratulated on the progress which has been made during the year.

I would thank all members of the Department for their unstinting support and work to maintain and improve the health of Birkenhead. On the question of Local Government reorganisation and the move to Area Health Boards the staff have no need for anxiety that they will not be needed. People are always seeking a better standard of health, and as I said at the beginning of this foreword, we have plenty of work to do for the general good.

P.O. NICHOLAS,

MEDICAL OFFICER OF HEALTH.

PROGRESS OF HEALTH SERVICES IN 1971

(1) Ante-Natal Services. The link between the Local Authority Maternity Services and the Hospital Maternity Services has increased still further at the beginning of 1971. Midwives attended the Labour Wards to observe certain training procedures. Discussion took place between the Local Authority's Senior Staff and the Consultant and Midwifery Nursing Staff at the Hospital with representatives from the Central Midwives Board, and an endeavour was made to develop an integrated Midwifery Training Scheme to combine Parts I and II Training in the same course, the hope being to get a better training and recruitment of Midwives. At the end of the year, this matter was still under consideration.

(2) New Hospital at Arrowe Park. After many years of discussion and delay the first turf was cut at Arrowe Park in July, 1971, and it is hoped that the first section of this Hospital, namely the new Maternity Unit, will be completed in about four years. It is obvious that if we are to have adequate recruitment of Midwives to run this Unit we need a very good training scheme, hence our plans for training are linked with the thoughts of this new Hospital in mind. In the latter part of the year, the foundations for this new Hospital were laid.

(3) Family Planning Services were extended. The success of the direct service on a Thursday morning caused the opening of a further Clinic throughout Thursday afternoon, and in September, of 1971, in order to give a really comprehensive service, an I.U.C.D. Clinic was started in the Health Department in Cleveland Street. The need for more Health Education in Family Planning was obvious and with the full support of the Consultant Obstetricians and Gynaecologists, and the agreement of the Hospital Management Committee, trained Health Visitors and Midwives visit the Ante-Natal Clinics and the Obstetrical and Gynaecological Wards on Mondays to Fridays, and in order to give a seven-day service the week-end visits are coped with by Midwives alone.

(4) The examination and care of young babies continues, particularly work with "At Risk" babies. Several meetings were held during the year to consider "Social risk" babies in an endeavour to ensure that we minimised any maltreatment of these children. It is pleasing to note that we had only one or two "battered babies". The Committee was chaired by a Consultant Paediatrician and support was given by the N.S.P.C.C., Social Worker, members of the nursing staff and a member of the Women Police who attended in a preventive rather than a punitive capacity. Discussions at this Committee have been preventive at its best.

(5) Specialist Health Visitors continue their work with handicapped children, visiting Special Schools, Hospitals and Classes, and seeing to the needs of these children in the home.

(6) There was continual liaison between Health Visitors, Midwives, District Nurses and General Practitioners. The first real attachment of nursing staff has occurred over Whetstone Lane



Health Centre, and as Ford Health Centre and others are completed, we hope the work of the Community Nursing Staff and the Family Doctor will be more integrated.

(7) Several Community Nursing Staff attended Management Courses in 1971.

(8) To co-ordinate the Nursing Management Structure and the future development of Community Nursing, much discussion took place during 1971 on the implementation of the Mayston Report, and by December, 1971, the Director of Nursing Services was appointed.

(9) District Nursing Services - during 1971, the second phase of the Bathing Centre at Balls Road was completed. This has been a prolonged project but now it is finished there is no doubt that the State Enrolled Nurses who have been appointed to improve the hygiene in the Schools and also to assist the District Nursing Sisters will be able to make further good use of this Centre. We hope that this Centre will be used not only by young people but also by the elderly sick and infirm from the poorer housing in the town.

Early Hospital Discharge - During the year agreement was reached with several of the Consultant Surgeons for minor surgical cases to be discharged in 24 - 48 hours following operation. This was only done after the home had been inspected by District Nursing Sisters and they felt that they could continue the nursing care in the home conditions. This scheme has been a great success and it is likely to be extended. The advantages of early discharge are not just a question of cutting hospital costs, as this is to be offset by increased work on the district, but that it enables parents to return to their children to re-unite the family situation.

(10) During 1971 we continued to give an improved service to handicapped children. A consultant E.N.T. Clinic was run at the Social Services Centre on one session a month to see the severely partially-hearing children who were having educational difficulties. This Clinic is attended also by the Teacher for the Deaf and by one of the nurses doing audiometry as a member of the School Medical Service. We were not able to fill the post of Audiometrician because of the absence of soundproof accommodation. By the end of the year, discussions took place between the Principal School Medical Officer and the Director of Education as to how this facility was to be provided for 1972.

(11) A special Unit for physically handicapped children was opened at Trinity Street School and much work was done on the plan for the new school for physically handicapped which is to be built at Woodchurch. These discussions took place with Mr. P.P. Rickham, Paediatric Surgeon, although he left during the year to become Professor of Paediatric Surgery in Zurich, but other Consultants, Dr. Kirby, Consultant Paediatrician, and Mr. Sandeman, Orthopaedic Surgeon, continued to give advice. It is to be hoped that this 120-place school which has been so carefully planned, bearing in mind health and educational needs, will be a great success for physically handicapped children.

Mentally Handicapped Children In April, 1971, the Moreton Cross Junior Training Centre was transferred to the Director of Education and became Moreton Cross School. It is right that all children should be under the framework of the Education System, but the retarded and multiply handicapped children who are in a Special Care Unit and some from 43 Shrewsbury Road, which is a school run by the Spastics Society, still need special help and advice from the nurses and doctors of the School Health Service.

Mental Health After-Care Services - These were transferred in April, 1971, under the control of the Director of Social Services and they were passed over as an interesting project in a completed hostel for mentally handicapped children and a half-built hostel for mentally handicapped adults; plans are already far advanced to build another Sheltered Workshop/Adult Training Centre to link with the services to the mentally sick now being provided at Price Street Library by the Industrial Therapy Organisation. There is no doubt that we made big advances in mental health in Birkenhead over the last few years. The Health Staff are always available to try and maintain this impetus.

(12) The Home Help Services were transferred to the Director of Social Services during the year.

(13) Day Nursery/Child Minder Services - These were also transferred to the Director of Social Services. It is to be hoped that the money obtained to improve Cavendish Road Day Nursery will be spent in the very near future, as the Day Nursery facilities in the town are inadequate for the many mothers in difficulty who need help. Once again, we shall continue to supervise health problems which may arise in the Nursery and Child Minder situations in the town.

(14) Public Health Inspection Services. There is no doubt that the rodent and pest control services has cleared up many pest problems in the town. It is to be hoped that the "Pied Piper" has come to stay and we can go one stage further than this and get a completely rat-free town. It would certainly not be for want of trying. Particular efforts were made with Improvement Areas and by the end of the year an Improvement Exhibition was organised in the Town Hall and in Hamilton Square. It will be interesting to see the interest that people in Birkenhead show in the offer of 75% Improvement Grant which the Government are prepared to give. It is probable that there will be a big response by citizens of the town to improve their homes, but we are faced with hard work and will need extra staff if we are to get this work in private homes completed by 1973. It is pleasing to see that Corporation houses are to be similarly improved by this time. If we show great energy in this matter, it is to be hoped that the Government will extend the period beyond 1973, as in towns like Birkenhead there is much work to do.

(15) The Mersey & Weaver River Board's Report was published in 1971 and a Sub-Committee was formed to consider some of the recommendations. Cleaning up the Mersey is going to be costly, but there is no doubt that this is essential and worth-while to



improve the river environs.

(16) Increasing work was done on re-housing on medical grounds. When the new form was initiated, it was felt by some that the citizens would find it difficult to complete. Nothing could be further from the truth, and from the information given on the form we have learned not just about health needs in terms of rehousing but many other problems as well, all of which have been investigated by the nursing staff and Public Health Inspectors.

(17) Health Education continued during the year in spite of the sad death of Dr. J. Fergusson, the Joint Health Education Officer for Birkenhead and Wallasey. Discussions proceeded through the year as to whether we should continue the joint appointment or whether Birkenhead should have a Health Education Officer for the town. In view of the impending amalgamation of the Wirral Area, it was decided that it would be best to retain the joint appointment, and by the end of the year the post had been advertised on an improved salary. During the interval when there was no Health Education Officer, Mrs. Curtis, one of the Health Visitors, who was particularly interested in Health Education, maintained the service very well. She kept the link going with the Education for Personal Relationships Training Scheme, as it is essential to keep a link between Health Education and the work being done in schools by the teachers. All the work was under the guidance of Mrs. Kenner, a trained marriage guidance counsellor. One particularly interesting feature of Health Education during the year was the running of two Anti-Smoking Clinics. We also maintained our link in these Clinics with Mrs. Hobbs, the Administrator of the Merseyside Cancer Education Committee.

(18) Dental Services. School Dental Services finished up with a complete dental establishment by the end of the year and we were very pleased to receive a much better report from the Ministry Dental Inspector. The Dental Auxiliary continued her work in Dental Education in Schools during 1971.

(19) Fire Service: During 1971 discussions took place on the improved health care of Fire Service staff over the age of 45 years, and it was agreed that the Family Doctor who had been examining for some 14 years should be asked to continue his work and do these detailed examinations. The medical records are to be kept in the Department of the Medical Officer of Health.

(20) Ambulance Service: Entonox equipment for analgesis was put into accident ambulances and discussions took place on arrangements for the training of the ambulance staff.

(21) During the year, many lectures were given to outside and professional bodies by the Doctors, Public Health Inspectors and Members of Nursing and Allied Staffs.



**PART I**

**STATISTICAL INFORMATION**

**Summary of Statistics**

**Vital Statistics**



SUMMARY OF STATISTICS 1971COUNTY BOROUGH OF BIRKENHEAD

Area of Borough (in acres)	..	..	..	..	..	..	8,643
Population (Census 1971)	..	..	..	..	..	..	137,738
" (Estimated Home Population 30th June 1971)	..	..	..	..	..	..	138,090
Estimated Number of Houses in the Borough	..	..	..	..	..	..	45,832
Rateable Value at 1st April, 1971	..	..	..	..	..	..	£5,351,094
General Rate 1971/72:	..	..	..	..	..	..	85p
Domestic properties	..	..	..	..	..	..	75½p
Mixed properties	..	..	..	..	..	..	80½p
Estimated product of a penny rate 1971/72	..	..	..	..	..	..	£50,600
Live Birth Rate per 1,000 Population (Corrected	..	..	..	..	..	..	18.5
Stillbirths	..	..	..	..	..	..	51
Stillbirth Rate per 1,000 live and stillbirths	..	..	..	..	..	..	19
Total Live and stillbirths	..	..	..	..	..	..	2,605
Infant deaths	..	..	..	..	..	..	70
Infant mortality rate per 1,000 live births - total	..	..	..	..	..	..	27
Infant mortality rate per 1,000 live births - legitimate	..	..	..	..	..	..	28
Infant mortality rate per 1,000 live births - illegitimate	..	..	..	..	..	..	19
Neo-Natal mortality rate per 1,000 live births	..	..	..	..	..	..	17
Early Neo-Natal mortality rate (under one week)	..	..	..	..	..	..	15
Post Neo-Natal mortality rate (over four weeks and under one year)	..	..	..	..	..	..	23
Illegitimate live births per cent of total live births..	..	..	..	..	..	..	10
Maternal deaths (including abortion)	..	..	..	..	..	..	Nil



Maternal mortality rate per 1,000 live and stillbirths	..	..	..	..	..	..	..	..	..	Nil
Perinatal mortality per 1,000 total births	..	..	..	..	..	..	..	..	..	34
Deaths	..	..	..	..	..	..	..	..	..	1,774
*Death Rate (Adjusted)	..	..	..	..	..	..	..	..	..	14
*Death Rate from Heart Disease	..	..	..	..	..	..	..	..	..	3.5
*Death Rate from Cancer (Lung)	..	..	..	..	..	..	..	..	..	0.869
*Death Rate from Cancer (Other Sites)	..	..	..	..	..	..	..	..	..	2.02
*Death Rate from diseases of the respiratory system	..	..	..	..	..	..	..	..	..	14.8
*Pulmonary Tuberculosis Death Rate	..	..	..	..	..	..	..	..	..	.036

#### ENGLAND AND WALES

*Birth Rate	..	..	..	..	..	..	..	..	..	16.0
Stillbirth Rate (per 1,000 total births)	..	..	..	..	..	..	..	..	..	12
*Death Rate	..	..	..	..	..	..	..	..	..	11.6
Infant Mortality (Deaths under one year per 1,000 live births)	..	..	..	..	..	..	..	..	..	18

\*Per 1,000 of Population

#### VITAL STATISTICS

#### BIRTHS

There were 2,555 births in Birkenhead in 1971, 1,283 females and 1,272 males. The live birth rate (Adjusted) per 1,000 of the population was 18.5.

As can be seen from the tables, the number of live births has risen by 29 compared with last year's figure. This is an interesting rise after the slow fall in the numbers of births over the years 1966 to 1969. The Registrar General's estimate of population shows a further fall in the population in Birkenhead for 1971. It will be interesting to see if the accurate census returns confirm this.

Year	<u>Registrar General's Estimate of Population</u>	<u>Live Births</u>	<u>Deaths</u>	<u>Excess of Births over Deaths</u>	<u>Live Births Rate per 1,000 Population</u>
1966	143,580	2,718	1,633	1,085	18.7
1967	143,550	2,562	1,672	890	17.6
1968	142,480	2,499	1,711	788	17.3
1969	141,950	2,488	1,764	724	17.3
1970	141,410	2,526	1,732	794	17.7
1971	138,090	2,555	1,774	782	18.5

BIRTHS WHICH OCCURRED IN THE BOROUGH

	<u>Live</u>	<u>Still</u>	<u>Total</u>
<u>In Institutions</u>			
Birkenhead Maternity Hospital	628	1	629
St. Catherine's Hospital	1,792	49	1,841
<u>Born at Home</u>	102	1	103
<hr/>			
<u>Total Births occurring in the</u> <u>Borough, including transfers out:</u>	2,522	51	2,573
<hr/>			

As will be seen from the figures, only about 4% of births occurred at home.

There were 190 premature live births.

DEATHS

1,774 deaths occurred during the year (885 males and 889 females). This represents a death rate of 12.8 per 1,000 population. The comparable death rate for England and Wales is 11.6 per 1,000 population.

Recent annual figures are as follows :-

<u>Year</u>	<u>Borough</u>	<u>England and Wales</u>
1958	13.3	11.7
1959	12.9	11.6
1960	12.9	11.5
1961	14.0	12.0
1962	13.5	11.9
1963	13.8	12.2
1964	12.5	11.3
1965	12.8	11.5
1966	12.5	11.7
1967	12.8	11.2
1968	13.3	11.9
1969	13.8	11.9
1970	13.3	11.7
1971	12.8	11.6

Once again, we have an excess of births over deaths, in 1971 some 781. However, the estimated population of Birkenhead continues the slow fall of recent years. This, presumably, represents younger workers and families moving to distant parts of the country, but also the movement of population from industrial Birkenhead to re-housing in the country areas of the Wirral. With a Wirral authority proposed for the future, there will be no distinction between town and country in this area. It is to be hoped we shall have an ever greater link with each other.

DEATHS FROM PUERPERAL CAUSES

There were no maternal deaths in 1971.

INFANT MORTALITY

There were 70 deaths of infants under one year, an infant mortality rate of 27 per 1,000 live births. The infant mortality rate for 1,000 legitimate live births was 28 and illegitimate 19. The infant mortality rate for England and Wales was 18. The primary causes of death are shown in the following table :-

INFANT DEATHS

CAUSE OF DEATH	AGE AT DEATH									
	0-7 Days	8-14 Days	15-21 Days	22-28 Days	Total under 4 wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	Total each Cause
Prematurity	32	1	1	-	34	-	-	-	-	34
Congenital Malformations	5	-	-	2	7	1	2	1	-	11
Pneumonia	4	-	-	-	4	6	4	-	-	14
Birth Injuries	1	-	-	-	1	-	-	-	-	1
Other Causes	1	-	-	-	1	3	4	1	1	10
Total Deaths in Each Age Group	43	1	1	2	47	10	10	2	1	70

The pattern of infant deaths was similar to the previous year. It is not always possible to accurately separate the primary from the secondary cause of infant death, e.g. several of the prematures died from intra cranial haemorrhage, which might have been classified as a birth injury. The numbers of infants who died from pneumonia was 14 in 1971 compared with 9 in 1970.

SUMMARY OF COMPARATIVE STATISTICS

	<u>Birkenhead</u>	<u>England and Wales</u>
Birth Rate (per 1,000 population)	18.5	16.0
Stillbirth Rate (per 1,000 total live and still births)	19	12
Death Rate (per 1,000 population)	12.8	11.6
Infant Mortality Rate (per 1,000 live births)	27	18
Neo-Natal Mortality Rate (Deaths under 4 weeks per 1,000 live births)	17	12
Early Neo-Natal Mortality Rate (Deaths under 1 week per 1,000 live births)	15	10
Perinatal Mortality Rate (Stillbirths and deaths under 1 week per 1,000 total births)	34	22

## PERINATAL MORTALITY RATE

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life expressed as a rate per thousand total births live and still. In 1971 the perinatal mortality rate for Birkenhead was 36 a slight improvement on the previous year's figures of 39. Unfortunately all our figures for still birth rate, neo-natal rate, infant mortality rate and perinatal mortality rate are higher than the figures for England and Wales.

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Infant Mortality Rate	24	26	28	29	27
Neo-Natal Mortality Rate	18.3	16.5	20	22	17
Stillbirth	16.5	16.9	18	18	19
Perinatal Mortality Rate	33.7	29.6	34	39	34

## GENERAL DISCUSSION:-

We still have some way to go to achieve the lower infant mortality and perinatal mortality rates of southern areas of England. It is disappointing that even in the Merseyside area and Northern Industrial Towns, the North Wirral district has the highest perinatal mortality rate over the past three years. Birkenhead represents a large part of the North Wirral area and during the next few years we consider all factors contributing to the higher perinatal mortality.

- 1) Is it due to the close proximity of the gynaecology wards to the Obstetric wards so that small, hardly viable babies, born in miscarriage, are transferred to the premature unit only to die and be recorded as a death in the first week?
- 2) Is the high perinatal mortality figure associated with poor social conditions or overcrowded and large families? However, other parts of Merseyside are just as socially deprived as parts of Birkenhead and the perinatal mortality figures are not so high.
- 3) Is there some Obstetric problem which we have not foreseen? There is no doubt that everyone - not the least the mothers will look forward to the new Obstetric Wards in the new Arrowe Park Hospital. We have achieved 90% hospital delivery by rapid discharge of mothers from Hospital. In the main, housing conditions are improving but we need continued house improvement particularly in the twilight housing of Birkenhead and to clean up our industrial atmosphere.
- 4) Do we need improved health education for mothers and fathers?

All these factors have to be taken into consideration in looking into our high perinatal mortality figures.



There were four deaths from pneumonia in the neo-natal period and 10 deaths from pneumonia in babies aged between 1 month and 9 months, some 14 deaths in all. This is a higher total than the 9 deaths from pneumonia in 1970 and 11 deaths from this cause in 1969.

Birkenhead can take pride in the new housing estates built in recent years - this warm housing offers the best chance of health in small babies.

We will not eliminate all deaths in babies, some of the small prematures and some with congenital malformations will die, but we must prevent such loss of life that can be avoided.

It is quite impressive from the following table how many of the small premature babies survived. Of the 7 babies under 2lbs. 3ozs. 6 died in up to seven days. 7 of the 17 premature babies between 2lbs. 3ozs. and 3lbs. 4ozs. survived. We were more successful in the number that survived in 1971 compared with 2 out of 14 of these small prematures that survived in 1970. However, the nurses once again showed their skill as is seen by the number of heavier prematures who survived.

1 9 7 1

P R E M A T U R E   I N F A N T S

Weight at Birth	Total Prematures Born Alive	Prematures Dying			Total Still Births
		Within 24 hrs.	In One and Under 7 days	7-28 Days	
2lbs 3oz or less	7	4	2	-	2
Over 2lbs 3oz up to and including 3lbs 4oz	17	5	4	1	7
Over 3lbs 4oz up to and including 4lbs 6oz	44	1	7	2	9
Over 4lbs 6oz up to and including 4lbs 15oz	36	1	1	-	5
Over 4lbs 15oz up to and including 5lbs 8oz	86	-	3	1	3
Total	190	11	17	4	26

COMPARATIVE STATEMENT OF VITAL STATISTICS  
FOR NORTHERN TOWNS  
Year 1971

	Maternal Mortality Rate per 1000 Total Live and stillbirth							
	Birth Rate	Death Rate	Infant Mortality Rate	Still birth Rate per 1000 live and still births	Perinatal Mortality Rate	Maternal causes (Excluding Abortion)	Due to Abortion	Total Maternal Mortality
STOCKPORT	16.6	13.2	21	15	26	-	-	-
ENGLAND AND WALES Provisional	16.0	11.6	18	12	22	0.13	0.03	0.17
BIRKENHEAD	18.5	12.8	27	19	34	-	-	-
BURNLEY	16.55	14.58	21.43	16.39	29.66	-	-	-
BURY	18.25	12.31	15.27	16.60	22.92	-	-	-
HALIFAX	17.0	15.0	23	16	27	-	-	-
LIVERPOOL	15.8	13.2	22	15.5	27.52	0.103	-	0.103
MANCHESTER	16.46	13.15	23.52	15.22	28.89	-	-	-
OLDHAM	17.57	14.07	28.06	14.89	29.77	1.06	-	1.06
PRESTON	16.6	14.4	22	19	29	-	-	-
ROCHDALE	19.1	13.2	29	13	28	-	-	-
WALLASEY	14.7	12.9	24	15	32	-	-	-
ST. HELENS	19.8	12.8	24.3	17.7	30.1	-	-	-
WIGAN	19.1	13.1	26.0	15.0	30.0	-	-	-

## DEATHS DUE TO CANCER OF THE LUNG

The number of deaths was 120 compared with 114 in 1970. The marked disproportion of deaths between males and females has continued:- 101 males and 19 females died from this condition.

Recent figures are as follows:-

<u>Year</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
1957	53	7	60
1958	79	11	90
1959	58	17	75
1960	64	19	83
1961	59	8	67
1962	68	8	76
1963	89	15	104
1964	92	9	101
1965	70	14	84
1966	70	13	83
1967	84	16	100
1968	92	23	115
1969	79	15	94
1970	94	20	114
1971	101	19	120

The local figures represent 0.869 per 1,000 population. The national ratio is 0.630.

As was explained in the report of the previous year in the latter part of 1970, because of the shortage of smokeless fuels, the Council had to rescind smoke control orders. This was a setback to reducing the atmospheric pollution of industrial Birkenhead. By May 1971 the smoke control orders had to be reimposed and we went ahead with the task of extending further smoke free zones in the town. The winter of 1971 brought the strike of the miners and it was a case of finding any fuel to keep the elderly and the handicapped warm - hypothermia in these vulnerable groups in the population became a greater worry than atmospheric pollution and the risk of bronchitis.

The Social Services Department organised the young and middle-aged to support the elderly and handicapped, and though once again we had a winter which lacked clean air, we had a time of comradeship.

Nothing, however, must deflect us from our resolve to continue with the clean air programme. One has only to consider the high numbers of deaths from bronchitis and lung cancer, and not only the mortality but also the morbidity of these diseases, to see the need to increase the area of the town under smoke control orders; By the end of 1971 nearly 50% of the town was under such control.

While we try to deal with atmospheric pollution from domestic and industrial sources and consider the pollution of the atmosphere from the exhaust of road vehicles we must not forget the intimate pollution of our lungs by the smoking of tobacco.

Reduction of the addiction in our society is the only obvious way at the present time to reduce mortality from lung cancer. Those who are slow to accept this fact might also take knowledge of the many middle aged men in this town who suffer from coronary thrombosis - the vast majority are smokers. The cigarette is a major danger to the health of our society.

#### CANCER OF OTHER SITES

279 deaths occurred as a result of cancer of other sites, representing 2.02 per 1,000 population. The national rate is 1.7.

Malignant Neoplasm - Buccal Cavity etc.	6
" " - Oesophagus	12
" " - Stomach	32
" " - Intestine	57
" " - Larynx	4
" " - Breast	30
" " - Uterus	13
" " - Prostrate	7
Leukaemia	10
Other Malignant Neoplasm	108
	<hr/>
	279
	<hr/>

#### ACCIDENTS

##### ROAD ACCIDENTS

24 deaths occurred as a result of road accidents. This is the figure taken from the Ministry Statistics and represents the number of Birkenhead residents who died from this cause, their deaths did not necessarily occur within the County Borough boundary.

I am indebted to the Chief Superintendent of Police, Mr. P.S. Hughes, in Birkenhead for the following report: -

- 1) Number of injury accidents - 713
- 2) Number of persons injured - 962
- 3) Numbers of deaths (within Birkenhead) - 15

Of the 15 deaths

5 were pedestrians over 60 years	
5 were pedestrians under 15 years	
2 were passengers in vehicles	
1 was a car driver)	) Aged between 15 and 60 years
2 were pedestrians)	



The main causes of accidents during 1971 were:-

- a) Pedestrians crossing the road heedless of traffic - 133
- b) Drivers crossing road junctions without due care - 124
- c) Pedestrians crossing from behind parked cars - 74
- d) Drivers inattention or attention diverted - 69
- e) Drivers travelling at excessive speed without having regard to road conditions - 34

I would reiterate my words on the subject of accident causation which I wrote last year.

Each hazard - and every road situation - parked vehicles, bends, corners etc. is a hazard - should be approached with correct road positioning, at the right speed and with the correct gear engaged. Simple matters, but how many drivers know or even attempt to follow these principles.

Close liaisons with our colleagues in the Borough Engineers and Surveyor's Department can, and does, improve road conditions.

Legislation penalising traffic offences is increasing, but no amount of road improvement or legislation will reduce accidents when the driver ignores the elementary precautions or is blatantly negligent.

If every driver could see the pain, suffering and long term disabilities of accident victims, they might think before taking that 'chance' which so often results in a collision.

In 1971 a strong campaign was run by the Borough Road Safety Officer and the Police on the subject of Parental responsibility; with strong emphasis being placed on parking near schools. This has met with little result, and the laziness of some parents can only lead to accidents in this particularly vulnerable area. As can be seen by the figures, 74 accidents occurred when pedestrians emerged from behind parked cars, and if this unnecessary hazard of parked vehicles outside our schools continues, then we can expect this accident figure to increase. It is no thanks to these parents that a serious accident has not yet occurred and reports of near misses are heard daily. Perhaps when they are affected personally - all too late, when their children are injured - parents will then act more responsibly.

#### ACCIDENTS IN THE HOME

40 deaths occurred as a result of other accidents - most of these accidents were amongst elderly people at home. One child died at home as the result of accidental poisoning. As in previous years there is a rising incidence in Birkenhead of poisoning in children, and were it not for the excellent attention given to these cases at the Birkenhead Children's Hospital the number of fatalities might well have been greater.



	<u>1971</u>	<u>1970</u>
<u>Total Number of Poisoning Cases Treated:</u>	<u>347</u>	<u>332</u>

Age Incidence:

Birth to 1 year	17	11
1 year to 2 years	103	94
2 years to 3 years	117	107
3 " to 4 "	56	46
4 " to 5 "	20	32
5 " to 8 "	20	21
8 " to 11 "	4	19
Over 11 years	10	22

Nature of Poisoning:

Drugs or Medicines	200	183
Domestic Items	147	149

Drugs

Aspirin	60	51
Tranquillisers	46	30
Other Types of tablets	52	62
Others	42	40

Domestic Items

Bleach & Disinfectants	28	24
Paraffin & Turpentine	30	23
Polishes	13	8
Cosmetics	11	12
Mice, Rat and Fly Poisons	4	6
Toadstools and Berries	15	40
Other Domestic Substances	46	36

Means by which Poisons were obtained:

Left lying loose in house, i.e. tables, Drawers, Mantlepiece, Shelves, cupboards, etc.	246	204
Obtained from handbags	28	30
Obtained from other persons	10	8
Found in gardens, streets and old properties	32	51
Details not known	31	39

Once again, the total figure - 347 - is higher than any previous year since the first Annual Report was submitted for 1963. The total figures for the intervening years are as follows:-

1970 - 332	1966 - 156
1969 - 316	1965 - 150
1968 - 240	1964 - 175
1967 - 186	1963 - 138

Of the total figure of 347 for 1971, 298 patients were admitted to the hospital wards, one of whom died. After being seen in the Casualty Department, 9 patients were transferred to other Hospitals through shortage of accommodation at the Children's Hospital at the time in question, and 40 were treated and allowed to go home.

During the year the Liverpool Regional Hospital Board, who agreed to consider a pilot scheme in Birkenhead in 1969 to test the efficiency of childproof pill containers, decided to abandon the project. This decision was based on the fact that the child-proof containers did not come up to the necessary specifications. During tests children managed to open the containers fairly rapidly. Indeed, to have any hope of a real effect, all pharmacies in the town would have to use safety containers, apart from which many of the poisons do not come from chemists' shops. As will be seen from the figures, 60 cases of child poisoning were with that easily obtainable tablet, Aspirin. It can also be seen from the table that many of the poisons such as mice, rat and fly poisons and paraffin and turpentine are kept in garages and outhouses of people's homes. The Liverpool Regional Hospital Board, probably rightly, considered that a pilot project in the use of safety containers in Birkenhead Hospital pharmacies did not afford sufficient safeguards to justify the extra £500,000 cost to the National Health Service.

As the Birkenhead News rightly stated in their Leader, the heaviest burden of protecting the children lies on parents. Greater care in putting dangerous substances where children cannot get at them is the most effective solution.

There has rightly been a major fuss about the indiscriminate dumping of cyanide and other deadly substances. The fact that the kitchen cupboard holds more hazard than the rubbish tip fails to make the same impact. Yet the poisons that lie in the home are more dangerous because they are more accessible.

As I emphasised last year we still come back to the need for more health education in this problem of poisoning in young children.

- 1) Destroy all unused tablets - doctors can help by not prescribing too many of the dangerous tablets.
  - 2) Those tablets retained should be very high up, preferably locked up, away from children.
  - 3) What applies to tablets applies to all chemicals.
  - 4) As soon as the child is old enough to understand, explain over and over again the importance of not eating or drinking any possible poison, particularly the drink from the unlabelled "pop" bottle.
-

SUICIDE

5 cases of suicide occurred during the year. The table for preceding years is shown below:-

1967	-	10
1968	-	12
1969	-	15
1970	-	6
1971	-	5

HEART DISEASES

Heart diseases accounted for 485 deaths (a decrease of 53 over the previous year). This represents 3.51 per 1,000 population.

PNEUMONIA AND BRONCHITIS

Pneumonia claimed 162 victims, while bronchitis was the cause of death in 88 cases. Together these diseases represented 14.8% of total deaths. 149 of the deaths due to these diseases occurred in the age group 75 years and over. Unlike the previous year when there were 23 deaths, in 1971 there were no deaths recorded from influenza.

DEATHS DUE TO TUBERCULOSIS

		<u>Rates per</u> <u>1,000 Population</u>
Respiratory	5	0.036
Non-Respiratory	Nil	-

**PART II**

**LOCAL HEALTH SERVICES**

**Health Centres**

**Care of Mothers and Young Children**

**Midwifery**

**Home Nursing**

**Immunisation and Vaccination**

**Ambulance**

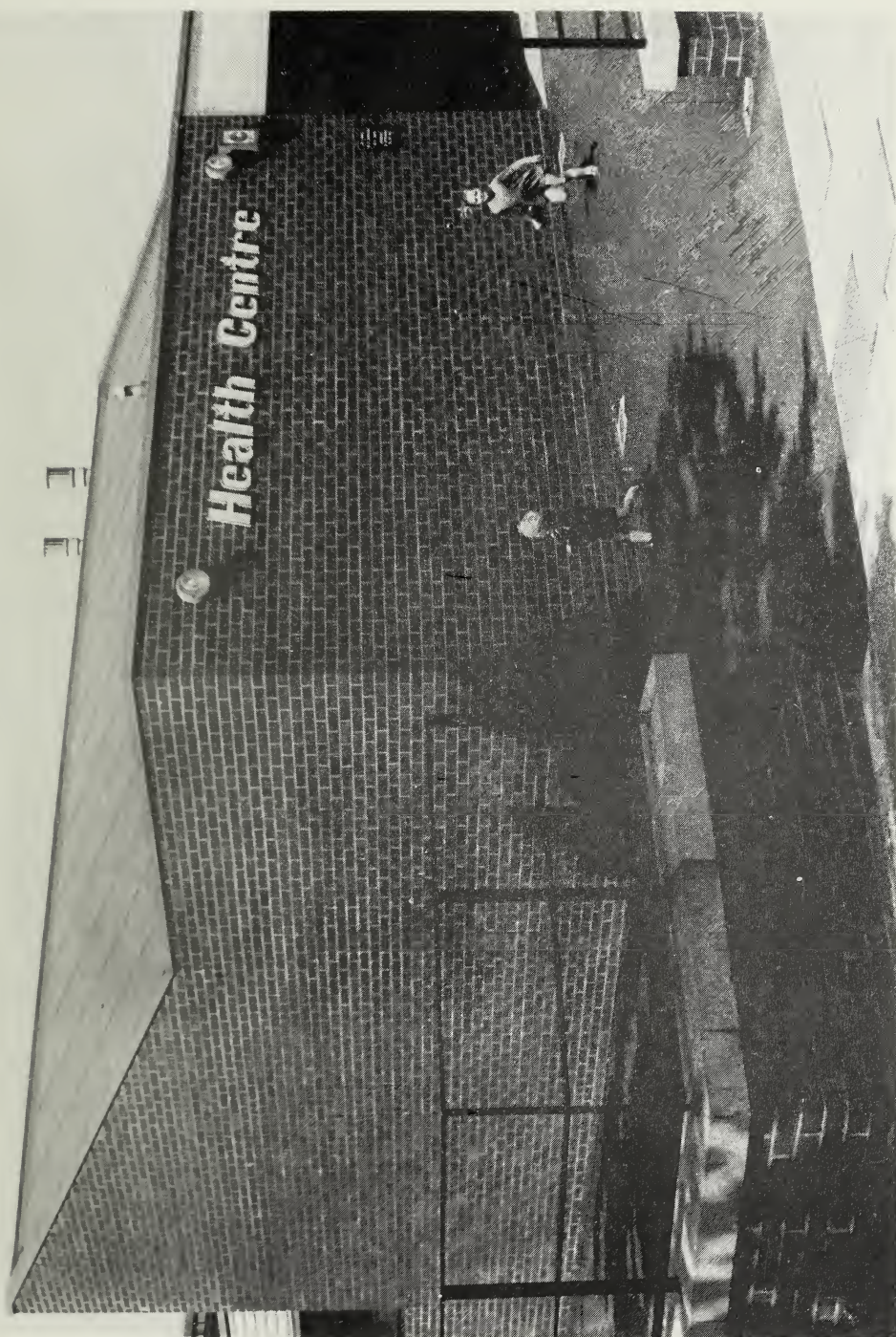
**Prevention of Illness, Care and After-Care**

**Home Help**

**Mental Health**









HEALTH CENTRESWHETSTONE LANE HEALTH CENTRE

The Health Centre was officially opened on the 16th, April, 1971.

There are four surgery consulting examination room suites - one consulting room is used by a Health Visitor. In the first eight months of operation the Centre has been a great success - indeed it has been the stimulus for other doctors to request similar premises. One of the weaknesses of the Centre is that the records area which conformed with the Ministry specifications could have been larger, and it is pleasing to see that towards the end of 1971, the Ministry increased the specifications for reception and records. The quality of the building and the furnishing and fittings are much appreciated by the patients and by the staff working in the Centre. Opportunity has been taken to attach a Health Visitor and a District Nurse, also a Midwife attends Antenatal Clinics. A child Welfare Clinic was also opened in the latter half of 1971. This Health Centre has been much admired by several distinguished visitors including Mr. Edmund Dell and Mrs. Dell and in December of 1971 by the Bishop of Chester, Rt. Rev. John Ellison, who came to visit the health and social service facilities in Birkenhead.

BALLS ROAD HEALTH CENTRE

We were pleased that two family doctors in single-handed practice wished to make use of the old dental surgeries attached to Balls Road Child Welfare Clinic. These surgeries were redecorated and this Centre too was running well by the end of the year. The addition of a Bathing Centre at the other end of the Clinic building makes a satisfactory health complex.

THE FORD HEALTH CENTRE

There was further detailed planning and costing and a tender was accepted in late 1971, for this the largest Health Centre so far built in Birkenhead. The plan looks so simple on paper, but only those who have assisted know the amount of work that has gone into the project over two years. At the turn of the year, the first turf had been cut on the site and it is to be hoped that the building will be complete in 1972. This will be welcomed by the doctors who are working in overcrowded surgeries in a corporation house opposite the Health Centre, and the completed building is much needed as a facility on the new estates which are now nearing completion.

THE BIDSTON CLINIC

As the new Ford Estate is a linear estate stretching over a mile alongside the new M.53 motorway, it was felt that mothers from the Bidston end furthest away from the new Ford Health Centre might find the journey too long with babies and small children. Thus the Housing Committee kindly agreed to adapt a ground floor flat to form a clinic premises to serve the Bidston Village end of Ford Estate. This adaption should be completed in early 1972, and we can attach staff to this clinic to give a more intimate



service to the people of the estates. It must be borne in mind that there is a plan to build houses on the Wallasey side of the Motorway so in later years after the Area Health Board is formed we may have to consider larger clinic or Health Centre provision in the Bidston area. In the meantime we shall build up the service in the adapted clinic/flat.

#### THE SOUTH CLINIC HEALTH CENTRE (ALBANY ROAD)

Tenders for this complex of surgeries at the rear of the South Clinic were being received by the end of 1971. Much decision took place on the need for an adequate automatic 'phone system (PBX) in this building. This system had to be adequate to serve the needs of six family doctors practices and local authority services including two new dental surgeries. We had failed to appreciate the need for a room 9' x 6' to accommodate the complex equipment. The architect managed by a deft rearrangement of the plan to allow this facility. It is to be hoped that this Health Centre building can progress in 1972. It will not be an easy task as the South Clinic has to continue in use as long as possible for a full range of Local Authority services. However, it would appear we will have to accept closure for a little time while the two parts of the new and old buildings are joined.

#### NORTH CLINIC

The detailed planning of this much needed facility was completed in 1971, and by the end of the year the Committee had agreed to a system built structure. This Centre has surgery and examination rooms which could be used by a family doctor in the future although no practitioner is showing any interest at present.

Thanks to the Rev. Spurry and the members of St. James' Church a Clinic for mother and children was opened at Perrin Hall to provide some facilities where they were needed most in the North End of the town. As soon as the North Clinic in the Bertha St./Miriam Place area is completed we shall move the Child Welfare Clinic to the new premises and intensify our Health Services in the area near the dock side of Birkenhaed. Some of the worst multi-storey flats in Ilchester Square area were being evacuated in late 1971 to allow for clearance and improvement of the area in 1972. It is hoped that the Clinic can be a focus around which new health can be built. It is not just buildings that matter but it is the service we can give from these pleasant Centres to the people who most need assistance.

#### CONWAY NEIGHBOURHOOD HEALTH CENTRE

Towards the end of 1971 as part of the infrastructure programme to relieve unemployment the Ministry agreed to the building of a Health Centre. Four family doctors in two partnerships whose present practice premises are likely to be in re-development and road widening schemes were interested in coming in to such a Centre. This new Centre will be amongst the new homes and school which are to be built in the Conway neighbourhood scheme. On an adjoining site a new Hostel for Mentally Handicapped Adults is also planned in the infrastructure programme. Rapid progress must be made with these infrastructure projects if they are to be largely completed by 1973/74.

In the last three years wonderful progress has been made in Birkenhead in planning and in building Health Centres. I am grateful to Mr. Hotchkiss, Clerk to the Executive Council, to the various Committees and to the family doctors and staff of the Health and Architect's Departments who have worked with such co-operation on these projects.

### CARE OF MOTHERS AND YOUNG CHILDREN

#### ANTE-NATAL CLINICS

##### Midwives' Clinics -

North Clinic	Tuesday	2.00 p.m.
Prenton Clinic	Wednesday	2.00 p.m.
South Clinic	Friday	2.00 p.m.

##### Relaxation Clinics -

North Clinic	Monday	1.30 p.m.
Prenton Clinic	Wednesday	9.00 a.m.
South Clinic	Tuesday	9.00 a.m.

#### CHILD WELFARE CENTRES

At the end of the year, Child Welfare Centres were open as follows:-

Central Clinic	Wednesday	2 - 4 p.m.
South Clinic	Monday, Tuesday and Wednesday	2 - 4 p.m.
North Clinic	Wednesday and Thursday	2 - 4 p.m.
Balls Road Clinic	Thursday and Friday	2 - 4 p.m.
Upton Clinic	Tuesday and Friday	2 - 4 p.m.
Woodchurch Clinic	Monday and Wednesday	2 - 4 p.m.
Prenton Clinic	Monday and Thursday	2 - 4 p.m.
Thingwall Clinic	Friday	2 - 4 p.m.
Bude Close (Ford Estate) Clinic- (opened 12.10.70)	Monday	2 - 4 p.m.
Perrin Hall Clinic (opened 20.4.71.)	Tuesday	2 - 4 p.m.
Whetstone Lane Clinic (opened 29.6.71)	Tuesday	2 - 4 p.m.

#### VOLUNTARY AGENCIES ASSISTED BY LOCAL AUTHORITY

St. Elizabeth's Convent Clinic was held on 37 occasions.

Number of attendances: 43 First Visits and 406 Re-Visits

This Clinic closed on 24.9.71.



WELFARE FOODS

The issue of Welfare Foods on behalf of the Ministry of Health continues from the ten distribution centres.

The sale of Cod Liver Oil ceased on 31.3.71, and was replaced by AD & C Drops from 1.4.71., sales of which are increasing.

Orange juice ceased to be sold as a Welfare Food on 31.12.71.

Sales of National Dried Milk are increasing since the introduction of free milk for low income families, or those in receipt of Supplementary Benefit.

DISTRIBUTION OF WELFARE FOODS - ISSUES

	<u>National Dried Milk</u>	<u>A.D.&amp;C. Drops</u>	<u>Cod Liver Oil</u>	<u>Vitamins</u>	<u>Orange Juice</u>
1967	6,281	-	1,197	1,798	21,755
1968	4,770	-	1,244	1,427	20,581
1969	2,445	-	1,144	1,457	21,209
1970	1,791	-	1,257	1,829	22,884
1971	1,850	2,553	757	1,656	25,468

DENTAL TREATMENT

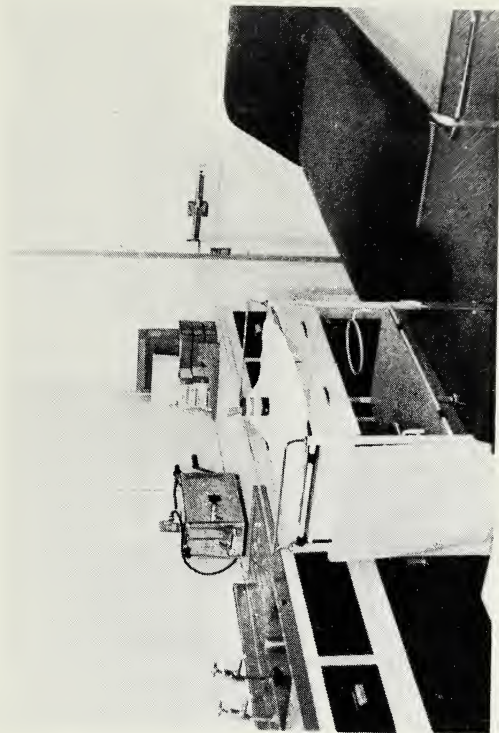
By arrangement with the Education Committee, expectant and nursing mothers and children under five years of age can receive dental treatment by the School Dental Staff, at the School Dental Clinic. During the year dental care was provided as follows:-

	Examined	Treated	Fill- ings	Extrac- tions	General Anaesthetics	Dentures Provided
Expectant & Nursing Mothers	41	39	66	40	12	7
Children under 5	204	134	155	205	81	-

Whetstone Lane



The Patient Arrives



The Treatment Room



RECORD OF CLINIC ATTENDANCES - CHILD WELFARE CENTRES 1971

Clinic	Total Attendances		Total	No. Seen by Doctor	No. of Doctor Sessions	Year of Birth for those making first attendance this year			Total	Total No. of Sessions
	1st Visits (new cases)	Re-Visits				1971	1970	1969-67		
North	297	4121	4418	1676	100	252	260	214	726	104
South	513	5807	6320	2444	101	350	422	325	1097	145
Central	161	2153	2314	1033	60	148	208	98	454	60
Balls Road	389	3892	4281	1657	98	264	250	221 (5)	740	94
Woodchurch	201	2933	3134	1350	98	162	192	158	512	100
Prenton	310	4862	5172	1329	51	272	136	112	520	101
Upton	298	3268	3566	1350	96	262	224	160	646	97
Thingwall	59	1480	1539	251	26	49	55	37	141	49
Bude Close	211	803	1014	475	42	114	68	49 (7)	238	43
*Perrin Hall	79	672	751	7	30	56	13	19	88	33
"Whetstone Lane	232	592	824	328	26	129	37	16 (39)	221	26
Totals:	2750	30583	33333	11900	728	2058	1865	1409 (51)	5383	852

\*Opened 20th April, 1971.

\*Opened 29th June, 1971.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967

The Family Planning services in Birkenhead were improved in 1971. Medically supervised family planning is provided from four sources.

- 1) A large proportion of family doctors give family planning advice, but the prescribing of a method usually means give "The Pill".
- 2) The Family Planning Association Clinic continues to operate at Oxtan Road Centre and is open on five days of the week. The numbers of those attending continues to increase and during 1971 the local authority gave over £800 in financial support paying for social cases (which includes medical reason).
- 3) The hospital consultants in their clinic give advice, but the implementation of that family planning advice is carried out elsewhere. The great difficulty in running family planning clinics in the hospital is the shortage of outpatient space.
- 4) The Direct local authority service at Cleveland Street Health department was expanded in 1971. In order to provide help to the underprivileged families we were very fortunate to get a grant of £2,500 under the Urban Aid Scheme. How successful the direct scheme has been is borne out by the increasing numbers of women attending - occasionally husbands attend, and the men are most welcome as planning of children should be a joint responsibility. In 1970, 160 new cases were seen at the clinic in Cleveland Street. The clinic only ran over the last six months of that year but a full year of operating during 1971 gave help to a further 379 new applicants.

Methods used by these 379:-

209 on oral contraceptive

69 - I.U.D. inserted at Oxtan Road Clinic

31 - I.U.D. " " Cleveland Street Clinic

70 - used Diaphragm, sheath, other methods

The vast majority of women who attended were married, namely 330 of the 379 - thus leaving 49 who were single, divorced or separated. The idea that is occasionally put forward that the Clinic would attract many young teenagers has not been so, one or two sixteen year olds attended, more in the late teens, but many in the twenties and thirties and a small number forty years of age. The distribution of the numbers of children shows the extent of the help required.

9 children	-	2
8 "	-	0
7 "	-	2
6 "	-	5
5 "	-	11
4 "	-	43
3 "	-	73
2 "	-	125
1 "	-	94
0 "	-	<u>23</u>

378

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One husband asked advice about vasectomy, and this was arranged in co-operation with his family doctor through a local surgeon. We are grateful for the help received from family doctors and consultants in this work.

It is fortunate that the majority attending have 1, 2 or 3 children and there is a chance to train the man and wife in family planning. It is more difficult with those who have big families of six, seven and nine children where what is required is immediate contraception. It is a good thing we have the pill to offer. When this has not suited them I.U.D. has proved useful. Because of the need for this method, instead of having to rely on the Family Planning Association clinic, from September, 1970 we have been running our own I.U.D. clinic within the general family planning session on a Thursday morning. The I.U.D. method of contraception is not perfect, but it is a passive form of contraception which requires very little learning technique. Until better methods of contraception are available we are likely to use the I.U.D. more and more. In women who have had more than four or five children and who are becoming exhausted by over child bearing, sterilization is being offered in some cases, either for the wife or for the husband. However, it is not sterilization or, more sadly, abortion which is required, but early advice on family planning and in this regard it is pleasing that so many young wives attended, namely 23, who had no children.

How do we improve the education on contraception? Certainly it is being increasingly taught in the latter years at school. Also during the last year we have introduced with the support of the consultant obstetricians and gynaecologists, a system whereby Health Visitors and Midwives fully trained in practical and theoretical family planning, visit the obstetrical and gynaecological wards of the hospitals. This visitation is carried out on a rota basis every day of the week including Sundays. This is necessary when one considers that 90% of the babies are delivered in hospital and to ensure this there is a rapid 24 hours, 48 hours discharge system. During 1971, this system of hospital visitation was carried out on a six months trial. It has been so successful that as one Health Visitor said "The mothers welcome us with open arms". It is to be recommended that the Birkenhead systems should be adopted in all areas of the country. It is one of the axioms of obstetrics that mothers should have two year gaps between the births of their babies, but how little education they have received in the past to enable even this simple fact to be achieved. The community nurse of the future has a large part to play in this education. What is the point of moaning about a rising abortion rate in the country, and not the least on Merseyside, unless we are prepared to provide a comprehensive family planning service.

The Minister of State, Lord Abadare, said recently in Parliament "The cost of providing free contraception had to be balanced against the possible effectiveness". I hope that in Birkenhead we have shown the advantage of a free contraceptive service. 269 of the 379 women who attended the direct local authority clinic were given help on social grounds, which included medical reasons. The £2,500 grant on urban aid was spent and if one considers the cost of doctor and nursing time and training costs, clerical staff, grants to pay fees of the Family Planning Association, the bill for

the whole year was over £5,000. An attempt will be made to expand this service in 1972. Much is said from Government sources about domiciliary family planning. Our nurses are already giving much domiciliary advice. They use their cars to bring mothers and children to the direct Family Planning Clinic at the Social Services centre. This is felt to be a better system than trying to do practical family planning in the inadequate privacy of the overcrowded house. Certainly we have found very few mothers, overburdened with children, who have not welcomed the domiciliary service from the community nursing staff. The nursing service is to be congratulated on the very many ways they give help to the underprivileged.

It is hoped we can open new family planning clinics in 1972 - but have we enough trained staff? The majority of the Health Visitors and our S.R.N. staff are trained in the theoretical and practical aspects of Family Planning. Similarly 10 of the 13 Midwives have an F.P.A. training Certificate and it is intended to train the other 3 in 1972. It is important that they get a full training and the F.P.A. Certificate so as to make the best use of their ability to give satisfactory health education and advice. Though we have the trained nursing staff we lack doctors with training in all methods of family planning. It is about time we woke up to the need nationally if we are eventually going to produce a family planning service, free to all, under the National Health Service.

#### CARE OF PREMATURE INFANTS

During the year 216 premature babies were born. 26 were stillborn and 180 born alive. 189 were born in hospital and 4 at home. 2 of the babies born at home were transferred to the Premature Baby Unit for nursing. All premature infants are the subject of particular attention by Midwives and Health Visitors and are included in the "At Risk" register.

#### INCIDENCE OF CONGENITAL MALFORMATIONS

Of the 51 Congenital abnormalities reported on the Birth Notifications, 6 concerned children residing outside the Borough. The 45 Birkenhead cases were as follows:-

Anencephalus	10 Stillborn
	2 Live
Hydrocephalus	2 Stillborn
Talipes	7
Spina Bifida	1 Live
	1 Stillbirth
Heart Defect	1
Hare Lip	1
Deformed Hand/Foot	1
Meningocele	3
Hypospadias	1
Pneumothorax	1
Short Femur	1
Left Facial paralysis	1
1 Artery only in cord	1
Exomphalos	1
Multiple abnormalities	10
	<hr/> 45

In 1971 we continued planning the new school for Physically handicapped children to be built at Woodchurch. It is likely that building of the school will commence in 1972. Many children from Birkenhead are attending schools for the physically handicapped outside the Borough. When they are transferred to the new school, life will not be so arduous for them and their parents. In 1971, few of the babies suffering from major handicaps survived. No-one can predict how many of these handicapped children will survive in years to come - it is so difficult to plan for the future.

#### "AT RISK" REGISTER

The assessment system based on Mary Sheridan tests started in 1969 has been continued since that date. Every baby is tested at 6-8 weeks, 6-9 months, 12-18 months. Before testing begins, the health visitor asks the mother a standard series of questions which may highlight even those babies at minimal risk. The health visitors are now well acquainted with the method of testing and those babies at minimal risk are being found. Some of these minor signs clear up, but any baby who continues to cause concern is referred via the family doctor to the consultant paediatricians. The clinic doctors also keep up a supervision of these potentially at risk babies.

At the 6-9 month test, assessments of the baby's hearing are made. During 1971, the health visitors were more successful than in previous years in spotting babies with varying degrees of hearing loss.

During the year, 689 new cases were placed on the "At Risk" register, and 277 were removed after review; a total of 984 by the 31st December, 1971, compared with 572 at the 31st December, 1970.

It may be argued that this is a great deal of work for little result, as many babies are found to be normal on review. Even if the findings are small, it does enable early diagnosis of any real handicap, and early help and treatment to be given.

#### CONVALESCENT TREATMENT

In 1971, only 1 pre-school child was referred for convalescence.

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DAY CARE OF CHILDRENNURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948, AS AMENDED BY THE SOCIAL WORK ACT, 1971.

Miss I. Asquith, the specialist Health Visitor, who supervises Nurseries, Playgroups and Child Minders, reports as follows:-

Following the formation of the Social Services Department in April, 1971, the Assistant Director of Homes and Day Care and the Day Care Officer, asked me if I would continue to visit the Nurseries, Playgroups and Child Minders. This I agreed to do after consultation with the Medical Officer of Health and Miss Griffiths, Superintendent Health Visitor. With the two Social Workers I visited and introduced them to the two Corporation Day Nurseries. Later, the Day Care Officer came with me and visited 7 of the Playgroups to see them in action. Together we also visited 6 new premises and passed them for recommendation to start new groups. We attended a Committee at Charing Cross Methodist Church prior to their opening a Playgroup - and we made 7 home visits for registrations for child minding, and to discuss opening Playgroups. We spent 4 sessions to appoint Nursery Staff. I spent 2 sessions at Woodchurch Community Centre advising their leaders about their Playgroups.

All Nurseries and Playgroups have been visited by me, at intervals of three months or more often. In May, 1971, I attended a one day course in York, run by the Pre-School Playgroups Association for Playgroup Tutors. This concerned running courses for Play Leaders. We learned that courses should be run by the person who is continually visiting Playgroups rather than having specialist speakers. They should be run attached to a Playgroup with practical instruction and discussion and that classes should be small.

Accordingly I have started classes on these lines, at Trinity Presbyterian Church, Beresford Road. The classes started on February 24th and are continuing each Thursday afternoon and sponsored by the Social Services Department, who have agreed to pay a small amount to the Playgroup for providing the facilities.

I have arranged with the Field Work Instructor for Student Health Visitors to visit certain Playgroups and have also taken students myself to observe these play activities.

The Health Department has agreed for payment for chest X-rays for all Play Leaders at 3 yearly intervals and this continues. Most of the Groups provide free milk through the Government scheme. They keep records of children's immunisations and display posters on immunisation and home safety.

Through the co-operation with Health Visitors, Speech Therapists and Social Workers, children with special needs have been suitably placed. At present there are registered:-

- 3 Private Day Nurseries.
- 3 Nursery Schools.
- 31 Play Groups - including 6 opened this year - 3 of which are home groups (i.e. groups of 10 in a private home) in rooms not used by the household.
- 10 Child Minders.

DAY NURSERIES

When the Local Authority Social Services Act came into operation in April, 1971 the control of the two Day Nurseries at Rock Ferry and Cavendish Road passed to the Director of Social Services. As will be seen from Miss Asquith's report we have continued to give some supervision to the health of the children in the nurseries. Not only has the specialist Health Visitor given of her long experience in this work, but during 1971 a doctor also attended when the need arose.

At the time of handing over the Nurseries to the Social Service Department some use of the spending of £5,000 for upgrading the Cavendish Day Nursery was already being planned, and it is to be hoped that this nursery can be brought up to more modern standards provided in the new Devon Gardens Day Nursery at Rock Ferry. However, in some ways the older building which the Ministry did not feel was worth the expenditure of £15,000, has advantages in bigger and greater numbers of rooms which can be adapted. The Director of Social Services however has quite a problem to decide with the Architect how much improvement can be done for £5,000.



MIDWIFERY

During 1971 much discussion took place between the Consultants in Obstetrics and Gynaecology, the Midwifery staff of the hospitals and with the senior community Midwifery staff and the Medical Officer of Health on the linking together of the Midwifery services with particular reference to a scheme of integrated midwifery training. There is no doubt that the present method of training under our local Part I and Part II Scheme is unsatisfactory.

Several of the pupil midwives who do the Part I training in Birkenhead unfortunately go elsewhere for Part II training, and are consequently lost to this area. Under the integrated scheme proposed to the Central Midwives Board these pupil midwives would complete all their training in this area and would then strengthen our midwifery staff recruitment. At the time of writing this report the integrated scheme is still under consideration at the Central Midwives' Board. Possibly it is felt we should wait until we have the new Obstetric Unit at Arrowe Park Hospital - that time is four years' away and now is the time to build up the numbers of trained midwives if we are not to move into a new unit that can only be partially opened because of insufficient trained midwives.

Mr. Wilson, the Senior Consultant in Obstetrics and Gynaecology, looks at the future of the Maternity Service in Birkenhead and I am grateful for the views in his article published in this Report.

In many ways I agree with Mr. Wilson's views. In the future Area Board structure a Community Midwife will emerge. Just as the present domiciliary midwife will do more work in the hospital, so the present hospital midwife must come out more into the community to work with the family doctor providing maternity services. It is unlikely we shall get 100% hospital confinement in the near future. There will still be the mother who refuses to go to hospital, and she may represent a dangerous home confinement or one that is reasonably safe and could represent a planned home confinement. One way to achieve a 100% hospital delivery of babies is to offer in hospital to the mother the more personal service which some mothers feel they get in their home on the district - this is why a busy Obstetric Unit requires to be modern, with higher staffing ratios so difficult to achieve in non-teaching industrial areas of the country.

At the present time approximately half of the mothers delivered in hospital in this area are discharged within 4 days of the birth of the baby. The remainder are discharged home at a variable time up to the tenth day of delivery. This pattern will persist for several years to come and all midwives will have to be orientated to this maternity nursing in the home. If this work is not done by midwives then other nurses will be employed. A Non-Medical Supervisor of Midwives will still be needed in the Area Board Scheme to control this community work under the general direction of the Consultant Obstetrician with the family doctor and the Community Physician of the future adding community expertise.

I am pleased to print this article on :-

THE FUTURE OF THE MATERNITY SERVICES IN BIRKENHEAD

by Mr. J.K. Wilson, F.R.C.O.G., M.D.,  
Senior Consultant Obstetrician & Gynaecologist,  
North Wirral Hospital Group.

There are so many aspects of maternity care that without computer techniques it would be impossible to assess all of them and so determine the real quality of the service provided. We who work in the maternity services have had to assess our performance by a finite standard and because numbers are easily understood and are comparable between one geographical area and another, our "finite standard" has been a numerical one. It is not all that long ago that there was a considerable risk of a woman dying in the process of carrying and giving birth to a baby. Therefore, our first numerical standard related to numbers of mothers dying in the course of pregnancy and labour. When, eventually, improved social conditions, better treatments and more skilful techniques brought about a very drastic, and very satisfying reduction of maternal mortality, this factor became insufficiently critical and a new standard was needed. It was found, once again, in numbers - the numbers of babies perishing about the time of birth. This was given the name perinatal mortality - and it counts the number of babies who are stillborn or fail to survive the first week of independent existence. It has served the purpose up to the present day and we still use it as a means of criticising ourselves and the service we provide. However, like the maternal mortality rate, the perinatal mortality rate has now been brought to such a low level that it is hardly possible any longer, to use it to compare or contrast the quality of service given in different areas.

Our arrival at this situation where the quantity of surviving mothers and babies no longer satisfies our need for self-criticism has coincided with a time when people in many other fields are concerning themselves with the quality of life. Much of their anxiety relates to the effect of our increasing numbers. Sheer quantity of life is making it impossible to give it the dignity and quality which it deserves. The realisation that the growing magnitude of our numbers will bring us to physical starvation is matched by the fear that the debris and waste products from those same numbers will degrade the quality of our life by polluting our environment. In addition to these physical and materialistic considerations, fears are expressed for the deterioration in our cultural, aesthetic and spiritual values which can be expected if the growth of our numbers goes on unchecked.

This is the context in which the future of the maternity services in Birkenhead is surveyed - a future in which the dignity of womanhood and motherhood and the quality of family and child life must be paramount.

The first essential step in this search for dignity and quality, is for us to see, as a community, that we have only the pregnancies that we want and can afford - in every sense of the word. This means that the family planning and maternity services have to work hand in hand. For, too long, the functioning of the

family planning services had depended on people seeking them out. This has meant that family limitation has only been practised to a significant extent by couples with intelligence and initiative. The less intelligent have continued to suffer "the tyranny of excessive fertility". The year 1971 sees the beginning of a project in which family planning will be taken to the people who need it most. Workers specially trained to advise on this delicate subject, will attend at the hospital ante-natal clinics and maternity wards to make contact with patients needing family planning advice, and will maintain that contact until the advice has been given and its implementation provided for.

At the present time, probably not more than 50 per cent of pregnancies are planned and wanted at the moment of conception. By means of the active association of the maternity and family planning services, it is hoped to attain a situation in which 90 per cent or more of all pregnancies will occur intentionally. This hope - and the belief that it will be attained - leads naturally into the consideration of the material, technical and other provisions which will be made in Birkenhead for the care of these wished-for pregnancies. For though it can be argued that all pregnancies are precious, it can be said even more dogmatically that those which have been the product of careful, thoughtful planning are more "special" than those which happen accidentally.

One thing seems certain - the trend towards hospital delivery will continue. The existence of that trend has its roots in what is by now 20th Century history - starting with the need to provide somewhere for socially "deprived" women to have their babies: passing through the World War II phase, when numerous pressures made it necessary for an increasing number of women to seek to have their babies in hospital - to the post-war phase in which the "drift" continued, possibly as part of an established habit, possibly merely as a matter of convenience, possibly in some cases as a deliberate search for safety by the mother, on her own behalf and that of her child. Whatever the reasons the proportion of Birkenhead babies born in hospital has now almost reached 95 per cent.

Even as this report by the Medical Officer of Health goes to press - we are seeing work begin on the building of a new hospital at Arrowe Park in which there will be a large maternity unit to replace those at present separately housed in Saint Catherine's Hospital and the Birkenhead Maternity Hospital at Grange Mount. We are conscious of the fact that these two units provide decidedly substandard conditions for the work which is carried out in them. These conditions might have been upgraded long ago had the authorities not felt in their wisdom (or lack of it) that there was no point in spending money in this way when there was a definite promise of a new hospital. Therefore, for another two or three years the women of Birkenhead must have their babies in units which are ill-equipped to meet the excessive demand which is placed on them. By 1974 however, we expect that confinements will be taking place in the luxurious new hospital in its beautiful surroundings - a hospital which will be built according to the best concepts in planning for maternity care and which will be equipped with modern apparatus for ensuring the safety of the mother and her baby. But in the midst of all this "clinical" atmosphere, an attempt will be made to see to it that "having a family"



becomes once again a family affair. In our present out-moded accommodation it is rarely possible (for reasons relating to the privacy of other patients) to allow the husband to provide the affection and comfort which his presence in the labour room could ensure. In the new hospital this provision will be easier to arrange - and not only that, part of the labour ward will consist of single rooms - furnished "domestically" - in which it might even be possible to allow other members of the family to spend time with the mother during the first stage of her labour. Family participation arranged in this way could well pave the way for easier and more complete assimilation of the new child into the family. A further step in this direction will be the return of normal, healthy mothers and babies to their families as little as 8 or 12 hours after the birth, providing the home conditions are good enough to permit it. In this way we hope to give the mother the best of both worlds - the safety of the hospital delivery room and the "sanctuary" of hearth and home. These measures should go some way to mitigate the adverse psychological effects of "going away" to have a baby - effects which are felt both by the mother herself and by other members of the family. At the present time only a limited number of the normal mothers and babies can benefit from such a scheme because their social and domestic situation is not suitable. The government's plans for allocating more money to social services, will bring the "early discharge" facility within the reach of many more.

So the future will see more participation by the family in future births in Birkenhead. It will also see a return to the centre of these events by the family doctor - because the new hospital will house a "general practitioner unit" to which normal patients will be admitted. - Here they will be attended by their own doctors but in close proximity to the specialist unit whence expert help will be available for the occasional unpredictable major complication. The fact that family doctors will be visiting this unit frequently, will, it is hoped, result in them taking a welcome interest in their own patients in the other unit where women with established or potential abnormalities will be the responsibility of the specialist. Such visits to the consultants' unit will cement the relationship developed between the patient and her family doctor during the time when her ante-natal care was shared by him and the hospital doctors. They will offer opportunity for exchange of information between hospital and district doctors and it is hoped, remove some of the misunderstandings which sometimes develop.

Another change we shall see in the near future is a transfer of the administration of the home confinement service. Hitherto, the law of the land, as expressed in the various Midwives Acts, has required the Local Authority to arrange facilities for mothers to have their babies at home. In most cases the Local Authority actually provided the services by having its own staff of "district midwives". In a few - a very few - cases, the service was provided by midwives from the local hospital at the request of the Local Authority. In nearby Liverpool, and in some other university centres, a combination of these two types of provision existed (or still exists) in that while the Corporation or County Council provided most of the services, the teaching hospital had its own district midwives who took medical students out from the hospital, to give them experience of home confinements. The "drift" of



expectant mothers to hospital has now resulted in so few deliveries taking place at home that the running of the district service in many areas has become grossly uneconomical. Further, this reduction in home confinements has deprived district midwives of the practice which is necessary for them to maintain their skills. The scarceness of deliveries, and the delegation to them of the after-care of mothers and babies discharged early from hospital, has reduced their "job satisfaction" and detracted from the dignity of their profession. Clearly something has to be done to correct this unsatisfactory situation. A Government Committee has considered it and has recommended that Local Authorities delegate to the hospitals the responsibility for looking after patients who wish to be confined at home. Clearly, midwives who chose "the district" as their career and way of life will be disappointed at having to become assimilated into the hospital administration while retaining their community function and for a time, at least, even in a compact town like Birkenhead, some will continue to live in the areas which they serve. Ultimately, however, the familiar and respected figure of the district midwife will disappear from the local scene. This will be regarded by many as a regrettable though necessary change. In her place there will come - to the few remaining cases of home confinement - a hospital team of midwife and pupil midwife to join the patient's own doctor in the conduct of the delivery at home. This will bring its own advantages in that some sophisticated pieces of hospital equipment will probably be made portable enough to be brought to the scene and so contribute to greater safety for these rare domestic confinements.

The need for this administrative change has - regrettably - come at a time when a long-awaited close liaison between general practitioners and district midwives in ante-natal care, is gaining momentum. Clearly this development, in its present form, will be arrested but the idea is so good and has so long been wished-for that the new "hospital-district service" will hope to establish a similar alliance with family doctors at their group practice centres and health centres by sending the hospital's district midwives to lend a hand with the conduct of the doctors' own ante-natal clinics. In these clinics the few patients booked for home delivery will be cared for along with that substantial number of hospital-booked patients whose care is shared by the general practitioner and the hospital.

The move to hospital confinement has become, more and more, a move away from "Natural Childbirth" and over the years this has been decried in many quarters. Those who supported the idea that "Nature knows best" implied that Nature has an intelligence and was capable of spontaneous "avoiding action" to correct existing or threatened abnormalities. It was assumed by them that Nature is always "on our side" and the ensuing contention was that Nature should not be interfered with. The more we study biological events the more we come to realise how many imperfections there are in "natural processes" particularly in the field of reproduction and not least in the field of human reproduction. In the maternity services we have learned to regard Nature as a dubious ally and in some particulars as an outright enemy. In the context of the precious, planned pregnancy we cannot countenance such a precarious alliance and in cultured communities everywhere, much research is taking place in the effort to offset Nature's reproductive inefficiencies. Birkenhead will not be slow to implement

the results of those researches - indeed it already leads in some of them. But for future parents in the town, it does mean that if their carefully-planned families are to be born safely, as they will surely demand, they will have to accept the introduction of more "artificialities" into the supposedly natural process of childbirth. Biochemical and electronic methods will check the condition of the baby in late pregnancy and labour and similar checks will be applied to the way the uterus is working in its efforts to give birth. All these advances in our knowledge and expertise will allow us to make our contribution to the "quality of life" produced by the carefully-planned pregnancies. They will inform us well in advance, of the possibility of the baby running short of oxygen and this information will suggest to us the appropriate time for inducing labour or terminating it if it is already in progress because there is sufficient evidence of reduced intelligence among children who, as foetuses, remained too long in the uterus.

While expecting the mothers of the future to accept these "interferences" with Nature as part of the price to be paid for better quality offspring, there will be even greater effort and skill expended on relieving the mental and physical discomforts of childbearing. It is to be expected that better analgesics will be available and that out of better understanding of the process of childbearing by the patients themselves, and from a better-trained application of psychology by their attendants, prospective mothers will come to the act of birth in a calmer, more confident frame of mind than is the case at present.

Patients and visitors cannot fail to have been impressed by the shortage of nursing staff in the maternity wards in Birkenhead - particularly those in St. Catherine's Hospital. The number of confinements taking place there has doubled in the last 10 years but the establishment of nursing staff has hardly changed in that time. This is because the annual increments in the monies allocated for running the hospital are swallowed up in the ever-increasing costs of maintaining outdated buildings and in the great expense of providing the latest treatments as they become available. The staffing situation is made even worse because (quite properly) nurses and midwives have been awarded longer holidays and a shorter working week. So the same number of nurses, working fewer hours, provide the service for twice as many patients as before - in the same out-dated buildings. These conditions have produced the foreseeable result of a fall-off in the recruitment of potential midwives into training - throwing an even greater burden on the dedicated few. In the circumstances, we are more than proud of the sympathetic, human attitude shown by our trained midwives in the face of the almost intolerable work-load. We are very hopeful that the new hospital will bring an alleviation of this situation in several ways - by providing more attraction for new recruits into the midwifery profession; similarly by attracting back to service in the profession, some of the highly qualified and experienced midwives who already live in Wirral; and finally by the fact that with the commissioning of the new hospital, an official review of the establishment of midwives and student midwives will take place. We are hopeful (though this may prove to be wishful thinking) that an increased establishment will be approved. With these prospective improvements in the staffing situation we think we can promise that the Birkenhead hospital midwifery service of

the future will permit of more time being spent with the individual mother and her baby than is the case at present and that therefore, as they leave hospital, young mothers will be less apprehensive of (and more capable of coping single-handed with) the practical problems of motherhood.

From the knowledge we already have, it can be foreseen that defects and diseases hitherto treated "as best can" after birth will be prevented or alleviated by the new science of "ante-natal medicine". Where the achievements of this new discipline fall short of the idea, the new hospital will have extra-special facilities for looking after those babies born with a problem of some sort. The "Special Care Baby Unit" will be equipped with up-to-the-minute electronic and biochemical apparatus which will ensure the survival of many babies who, in today's conditions of practice, succumb to their disabilities.

In summary, it can be said that Birkenhead's future maternity services will benefit from whatever advances take place nationally and internationally and further, as a result of purely local changes, will derive advantages from the new facilities and the fresh attitudes and enthusiasms which a new hospital will bring and inspire.



MIDWIFERYDOMICILIARY STAFF

1 Non-Medical Supervisor of Midwives  
 1 Assistant Non-Medical Supervisor of Midwives  
 12 Midwives

The establishment has been complete during the year, as no staff changes have occurred.

NUMBER OF MIDWIVES

During the year, 76 Midwives gave notice of their intention to practice in the Borough :-

Municipal Midwives, including Non-Medical Supervisor.. .. .	14
Midwives in Hospitals and Institutions..	62

SUPERVISION

Visits to Midwives' homes .. .. .	28
Office Interviews .. .. .	420

PUPIL MIDWIVES' TRAINING

9 Pupil Midwives completed their training during the year; all were successful in passing the Second Part Examination of the Central Midwives Board. In addition, an overseas-trained Midwife completed a Post-Graduate Course of instruction of three months' duration which resulted in her being granted registration and admission to the Central Midwives Board Roll.

The pattern of training showed changes during 1971 with the preponderance of deliveries taking place in hospital, and permission was sought from the Central Midwives Board to reduce the number of deliveries per pupil from 10 to 6. This was granted after a comprehensive course of Community Care was arranged for the pupils. This programme entails visits and talks involving the following sections :-

School Health Service  
 Public Health Statistics  
 Health Visitors  
 Public Health Inspection  
 All Sections of Social Services  
 Probation Service and the Courts  
 Voluntary Bodies, i.e.,  
 Moral Welfare  
 Council of Social Service  
 W.R.V.S.

All Pupil Midwives undertaking the Course on Community Care have completed a project selected from the diverse subjects studied. The results have been excellent.

Supervision of Nursings .. .. .	54
Lecture Sessions to Pupils .. .. .	36



Miscellaneous Visits

Cases requiring medical aid .. .. .	60
Visits to expectant mothers .. .. .	13
* Visits to Ante-Natal Clinics .. .. .	162
* Visits to Relaxation Clinics .. .. .	46

\* Visits paid by Assitant Non-Medical Supervisor of Midwives included in this figure.

NUMBER OF CASES ATTENDED BY DOMICILIARY MIDWIVES

The number for the year was 103, of which 73 were attended by Midwives alone (in 1970 there were 135 cases, of which 116 were attended by Midwives alone). Once again, although the number of births occurring in the district shows a slight drop, the overall number of births shows a slight increase.

CASES REQUIRING MEDICAL AID

84 cases were notified by Domiciliary Midwives in which medical aid had been called; 20 for ante-natal; 39 for post-natal and 25 for babies.

NOTIFICATIONS FROM MIDWIVES

Stillbirths .. .. .	1
Liability to be a source of infection.. .. .	-
Laying out of a dead body.. .. .	-
Baby deaths .. .. .	-

MUNICIPAL MIDWIVES

The following is a summary of the work of the Municipal Midwives during the year:-

	<u>1970</u>	<u>1971</u>
Number of Bookings	173	120
Number of Births attended		
(a) Doctor Present	19)	20)
(b) Doctor not present	116) 135	73) 93
Administration of gas and air analgesia	81	125
Administration of pethidine	101	73
Total No. of Visits paid to Patients	26,645	27,123
No. of Planned Early Discharges	1,249	1,352
Actual No. of early discharge cases	2,144	2,323

ANTE-NATAL CLINICS

Although the attendances at these Clinics have shown some

decline, it is due to the fact that fewer mothers are being delivered at home. Schemes to increase the numbers of deliveries attended by Domiciliary Midwives are at present incomplete, but it is hoped that these will be fully operative next year.

Attendances at Ante-Natal Clinics were as follows:-

North Clinic	(Tuesdays	2 - 4 p.m.)	67
Prenton Clinic	(Wednesdays	2 - 4 p.m.)	30
South Clinic	(Fridays	2 - 4 p.m.)	64
			<hr/>
Number of Patients:			161
			<hr/>
Number of Attendances:			725
Number of Sessions:			150

#### ATTENDANCES AT FAMILY DOCTORS' ANTE-NATAL CLINICS

Good liaison has existed for many years with Family Doctors and the Midwives now attend 10 Surgeries, and 375 attendances have been made during the year. At all these sessions considerable help and advice has been given by the Midwives, and Family Doctors and patients alike have expressed their sincere appreciation of this service.

With the opening of the Health Centre in Whetstone Lane, a request was made for a Midwife to attend Clinic Sessions weekly. This has now increased to twice weekly and has proved of great benefit to the expectant mothers attending this Health Centre.

#### ATTENDANCES AT ST. CATHERINE'S HOSPITAL ANTE-NATAL CLINICS

These attendances have been maintained at the same level as in 1970, and both Hospital and Domiciliary Midwifery Staff have reaped considerable benefit from this co-operation.

#### FAMILY PLANNING

In July, 1970, it was agreed with the Senior Consultant Gynaecologist and the Hospital Management Committee that a member of the Midwifery Staff trained in Family Planning would attend the Ante-Natal Booking Clinics to advise patients accordingly, when requested. It was agreed that Family Planning trained Midwives and Health Visitors would cover such requests in the Post-Natal Wards for seven days a week. This service started slowly but has now gathered momentum, and at the end of the year it was obvious that the service is much needed and greatly appreciated by the patients seeking such advice.

By the end of 1971, 6 of the Domiciliary Midwives had undertaken their training in Family Planning, and it was hoped that the service given to patients in the appropriate hospital wards would be extended.

Midwives are also in attendance at the Clinic Sessions of the Local Authority Family Planning Service.

### EARLY DISCHARGE FROM HOSPITAL

Once again, the number of requests for assessment of home conditions has shown a marked increase; 2,558 applications were received, and of these 801 were refused as being unsuitable either on social grounds or poor housing conditions.

The actual number of patients who were discharged prior to the tenth day was 2,144; of these 1,249 were discharged within 72 hours.

### STATUTORY REFRESHER COURSES

Three Domiciliary Midwives attended the Post-Graduate Refresher Course held at Bradford. They reported that this was one of the most interesting courses ever attended, and that there had been much thought and discussion on the future of the Midwifery Service provoking stimulating discussions.

### CARE OF UNMARRIED MOTHERS

In April, 1971, the financial responsibility for the care of unmarried mothers was transferred to the Social Services Department.

The ante-natal care and assessment still remains with the Health Department, and the Moral Welfare Workers referred 21 cases to the Non-Medical Supervisor of Midwives, who has carried out this work for many years. No girl under the age of 16 was interviewed, which shows a satisfactory decrease over 1970 when 10 girls of 16 years or under received help.

The number of girls who request help from either the Health Department or the Social Services Department does not represent the total number of unmarried mothers delivered in Birkenhead. Many of them keep their babies following delivery in St. Catherine's Maternity Unit, the Birkenhead Maternity Hospital or Maternity Units in surrounding areas.

The close co-operation with Birkenhead and Wirral Moral Welfare Association, and with the Church Authorities, has been maintained. Joint visiting has again been carried out in increasing numbers of cases, and the advantages of this have given mutual benefit.

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HEALTH VISITINGSTAFF

On December 31st 1971, the staff comprised:-

- 1 Group Advisor (acting as Superintendent Health Visitor)
- 2 Field Work Instructors
- 18 Health Visitors
- 5 Part-time Health Visitors
- 6 Part-time school nurses, S.R.N.  
(engaged mornings only during school term)
- 1 S.E.N.
- 2 S.R.N.'s on a sessional basis

RETIREMENT

Miss Griffiths, the Superintendent Health Visitor retired in August. She was not replaced immediately, as the Department of Health and Social Security's new proposals for Local Authority Nursing Services structure were still under consideration. Her work was continued by the Group Advisor health visitor. Miss Griffiths had given many years of loyal service to the Department as a health visitor and latterly as Superintendent during times of change in the Service. Two other health visitors left for personal reasons and one retired.

TRAINING

Two health visitors completed their training and after passing their examinations joined the staff in September.

Two student health visitors were recruited and commenced training in Liverpool in September. Two vacancies remained unfilled.

POST GRADUATE TRAINING

Middle management training - Following the pattern suggested in the Mayston Report on Local Authority Nursing Services structure, two health visitors completed a course in middle management. This will bring the total trained to four.

Family Planning - Nine health visitors gained the certificate issued to nurses trained under the Family Planning Association's scheme. It is hoped that the whole staff will eventually be trained for this aspect of the work.

CARE OF THE PRE-SCHOOL CHILD

Health Visitors continue to be the only workers giving health advice to parents in the home and at Local Authority clinics. They visit every baby born to mothers living in the area.

Each child is screened for phenylketonuria and other inborn errors of metabolism by means of the Guthrie Test. No positive cases were discovered, although several other abnormalities were investigated.



Mary Sheridan progress tests were continued, to screen each child's development progress. By means of these, deviations from the norm can be detected early and advice can be given. Fourteen babies failed the hearing tests and were referred for E.N.T. investigation.

It is regretted that not all parents accept the invitation to attend one of the clinics for tests. It is hoped to give more publicity to them in the future.

Immunisation is also advised, both by letter at five months and when talking to the parents in the home but too many parents still leave their children unprotected until they start school.

#### BATTERED BABY SYNDROME

We still keep this register. Seven children were involved in 1971, in five of these we had conferences involving representatives of the child care team, led by the Consultant Paediatricians. These helped in planning future co-ordination in the management of these cases.

#### FAMILY PLANNING SERVICES

The family planning clinic in the Social Services Department continued to have increased attendances and necessitated having two sessions. Health Visitors are enthusiastic in furthering this service especially where there are social and medical problems.

Health Visitors and Domiciliary Midwives also visited the Maternity wards at St. Catherine's Hospital telling the newly delivered mothers about family planning services. They were also informed about other health and welfare services, such as the Family Income Supplement and aid with prescriptions and welfare foods. This advice is followed up at home visits and clinic attendances and has increased parent's awareness of the need to plan their families through approved methods of contraception.

Anyone requesting advice is seen without appointment during the two sessions held in the Social Services Centre each Thursday.

Increased involvement in the family planning programme has made health visitors aware of the need to rationalise and extend the service within the existing national Health Service Structure.

#### LIAISON

The health visitors have increased co-operation with the paediatric and child psychiatry teams at St. Catherine's Hospital and Birkenhead Children's Hospital, Alder Hey Hospital and Myrtle Street Children's Hospital, who deal with the more specialised cases also refer patients to the service; this is to the benefit of all patients concerned.

The support originally offered to children with Spina Bifida has now been extended to the parents of all children with severe handicapping conditions of any kind. Liaison is maintained or commenced with Social Services Department in these areas.

## GENERAL PRACTITIONER LIAISON ATTACHMENTS

A further advance in health visitor family doctor co-operation was made with the attachment of a health visitor to the family doctors working at the new Health Centre in Whetstone Lane. It was still not possible to provide full attachment but again this shows how the health visitors' and family doctors' work can benefit by the stronger links provided. The patients also benefit by having a medically trained social worker to advise on their problems. The variety of patients covered by the service have widened the range of population visited and assisted the work at the centre.

A local authority baby clinic is also held on the premises, staffed by health visitors and one of our doctors.

## GERIATRIC & CHRONIC SICK

With the increased contact with family doctors, more chronic and elderly sick were visited and domiciliary help was arranged as required. At the end of the year, the first physiotherapy clinic was started at Prenton Clinic, where chiropody services for the elderly are already provided.

The Consultant Geriatrician at St. Catherine's Hospital makes full use of the specialist health visitor to plan for the care of the increasing number of infirm aged persons in the community.

## SPECIAL CARE of FAMILIES WITH PROBLEMS

After the difficulties which occurred following the formation of the Social Services Department and the implementation of the Seebohm Report and Handicapped Persons' Bill, Health Visitors feel that progress is being made and look for full co-operation with the Social Services Department.

So often medical problems reveal a need for social care which this new legislation empowers Local Authorities to provide. The statutory duty of the health visitor to visit every new baby means that they are frequently the first worker to see problems and offer help. This is reflected in the attitude of many families. Links remain between the department and services transferred to the new Social Services Department. Doctors and nurses help with care at training centres and Miss Asquith, Health Visitor, has continued to supervise Day Nurseries and Playgroups, which are now under the care of the new department.

## STATISTICS OF WORK CARRIED OUT BY HEALTH VISITORS

First visits to children under 1 year	2360
Subsequent visits to children under 1 year	9168
Visits to children 1 - 5 years	15490
Visits to expectant mothers	682
Visits re miscellaneous matters	2630
Visits with no access	6169
Visits to old people	1512
First visit to T.B. cases	77
Subsequent visits to T.B. cases	427
General Practitioner attachment visits	456

CLINIC DUTIES & ATTENDANCES

Infant Welfare Clinics	1928
Relaxation & Mothercraft	267
Relaxation & Mothercraft St. Catherine's	45

HOSPITAL ATTENDANCES

Geriatric Clinic	46
Paediatric Clinics	84

SCHOOL HEALTH

The increased number of school nurses engaged during school term time has relieved health visitors of routine work which can be carried out by less qualified workers. The hygiene in schools, despite greater concentration remains a serious problem. Today the pediculosis capitis appears to have become resistant to the head lotions previously used and a new lotion has been introduced and is on a six month trial.

This is a major concern throughout the country. Parents are encouraged to treat children thoroughly, as half-hearted measures increase the strains of resistant lice, and valuable products become useless.

A State Enrolled Nurse attached to the service helps by cleaning the most unsatisfactory cases.

Balls Road cleansing clinic is now open each afternoon for advice and practical help. The head louse is no respecter of persons and all types of school are affected, Grammar, Comprehensive and Primary.

Total no. of examination of school children	58466
Total no. found to be unsatisfactory	3153
Total no. remaining unsatisfactory	520

The problem of hygiene in schools remains serious. The number of pupils found to be unsatisfactory was higher than the previous year. The appointment of two further State Enrolled Nurses has helped to intensify the campaign and possibly increased the numbers of unclean children detected. The louse seems resistant to D.D.T. and sometimes to Gamma Benzene Hexachloride

In an endeavour to overcome this resistance during 1971, it was decided to use Malathion. The problem is that the available Malathion lotion is inflammable as well as poisonous and needs to be used by a trained person.

In the children and young people who persistently suffer from head lice, it is necessary for the nurses and health visitors to treat the parents in the homes. Parents of infected children may refuse to allow the nurse or doctor to examine them personally, although they themselves may be infected. The residual action of Malathion is a boon to children who might if treated by other means immediately be infected in their homes.



TRINITY STREET SCHOOL - SPECIAL CARE UNIT

Until the permanent appointment of a nurse is made by the Education Dept, one of the school nurses goes to help with dressings and the general care of the children, who also receive physiotherapy.

The specialist health visitor also maintains her liaison and continues the support given to the pre-school handicapped child and his family.

AUDIOMETRY & EYE SIGHT TESTING

The school nurses screened the hearing of children in schools, referring failures to the School Medical Officer.

No. of children tested	4455
No. referred to School Medical Officer	849

Medical Officer Sessions

No. of children sent for	940
No. attended	574
No. ref: to ENT Consultant	86
No. discharged	181

The eyesight of children attending schools in the Borough was again tested biennially. 1238 children were sent for to attend the eye clinic at the Social Services Centre. These included children under 5 years of age who were referred following routine observations by the health visitor.

HEALTH EDUCATION

A health visitor acted as Deputy Health Education Officer after September, arranging the programme in schools with the help of the other health visitors. Mothercraft classes have continued at the three local authority relaxation clinics at St. Catherine's Hospital maternity unit. The teaching of breast self-examination for the early discovery of pathological conditions has been given at the cervical cytology clinics. Health visitors also helped in the counselling given at the Anti-smoking Clinics started by the Medical Officer of Health at Cleveland Street.

RE-HOUSING ON MEDICAL GROUNDS

With the increasing of requests to the Medical Officer of Health for medical recommendations for re-housing, 460 visits were paid to families who had requested consideration. These visits were time consuming and in many cases problems were revealed which could be helped by advice and referral for the provision of domiciliary medical and social services.

In a year of uncertainty with regard to its future, the health visiting service looks forward to being able to use its skills fully. The future appointment of a Director of Nursing Services as recommended by the Mayston Report to co-ordinate the health visiting home nursing, and midwifery Services, should



result in improved health care for the borough and more satisfaction through closer contact between health visitors and other nursing staff. When the full management structure is in operation, there will be more opportunity for future planning and development of the service.

### DISTRICT NURSING SERVICE

#### STAFF

- 1 Superintendent of District Nurses (also Non-Medical Supervisor of Midwives)
- 1 Assistant Superintendent of District Nurses
- 8 Queen's trained or District trained Nursing Sisters
- 2 Queen's trained Male Nurses
- 9 State Registered Nurses
- 3 State Enrolled Nurses

At the end of the year there were two vacancies on the District Nursing Staff.

There had been one retirement during the year, i.e., Miss L.M. Carpenter, who had served as a Queen's Nursing Sister for 19 years in Birkenhead. Many tributes were paid to her long service. Other staff changes have been much the same as in years past and several young married members of staff have left for family reasons.

1971 was a year in which the District Nursing Service "basked in reflected glory", as during November the Assistant Superintendent, Miss P.E. Goldsmith, was presented with the Long Service Badge of the Queen's Institute. The presentations were made by Her Royal Highness, Princess Anne, at St. James' Palace, London. This had a particular significance as each member of the Queen's Institute who received Long Service Awards had served for 21 years as a Nursing Sister, and Her Royal Highness is in her 21st year.

There is again an increase in the number of requests for help from all sources, and the majority of the requests are for continued and heavy nursing care.

#### EARLY SURGICAL DISCHARGE

In January, 1971, a scheme for the early hospital discharge of surgical patients was initiated. The names and addresses of patients deemed suitable by the surgeons are notified, the homes are visited and, provided social circumstances are suitable, the patients are returned to their homes 12 - 24 hours following operative treatment. This has proved to be a most popular move from both the patients and the nursing sisters' points of view. The greater variety of cases attended with this introduction of sub-acute care has created a much better understanding with local hospitals. It is our hope that more of this type of care will be carried out by the District Nursing Service in the future.

With the implementation of the Early Hospital Discharge Scheme

Scheme, the demand for pre-packed surgical dressings has increased considerably, as anticipated, and a smaller pack has been designed specifically for these post-operative dressings. The assistance received from the Hospital service in autoclaving all dressings is quite considerable, and we are now using over 10,200 per annum.

#### LIAISON OFFICER

Since the inception of this post, the work of the Liaison Officer has shown a great increase. The help and co-operation achieved between hospital and community nursing staff continues to pave the way for the future of the Community Nurse.

During 1971, firm liaison was established between the Geriatric Department of St. Catherine's Hospital and the District Nursing Staff. Weekly meetings are held at the Hospital and discussions of social circumstances and the appropriate help available assists both the Hospital and the District Nursing Staff to give a more co-ordinated service to those patients over the age of 65.

#### HEALTH CENTRES

In April, 1971, we instituted our first full attachment of a District Nursing Sister to General Practitioners at the purpose-built Health Centre in Whetstone Lane. This service has built up a very firm understanding on both sides, which has led to tentative enquiries from other General Practitioners. Fortunately the liaison between General Practitioners and the District Nursing Service has always been exceptionally good and there have been no problems in the attachment scheme.

Liaison visits are paid by District Nursing Sisters to four other General Practitioners' surgeries to discuss mutual difficulties, but due to problems of present surgery accommodation it is not feasible to use these liaison visits as actual attachment.

#### LOANS OF NURSING AIDS AND EQUIPMENT

The requests for loans of nursing aids remains fairly constant with one or two specialised items, as can be seen from the following list:-

<u>No. Issued</u>	<u>Description</u>
68	Back Rests
67	Bed Pans
39	Urinals
35	Wheel Chairs
33	Enuresis Alarms
71	Commodes
5prs.	Elbow Crutches
8sets	Fracture Boards
4	Walking Sticks
9	Tripod and Quadruped Sticks
-	Hoists
15	Bed Cradles
2	Mattresses

Cont'd.

<u>No. Issued</u>	<u>Description</u>
47	Air Rings
2	Bed Tables
3	Beds with Chain Lifts
2	Sani-Chairs
1	Air Bed
2	Raised Toilet Seats
1	Water Softener
1	Cubex Multi-Purpose Pads

In spite of the increasing number of commodes available, it is still somewhat difficult to maintain the supply and demand.

#### INCONTINENT SICK

This service is always on the increase. In all probability this is due to the fact that there is now greater liaison between Hospital and Community Nursing Staffs, also an apparent increase in relatives wishing to care for the elderly sick in their own homes. There has been a steady and growing demand for assistance with the nursing care of severely physically handicapped children, particularly those suffering from spina bifida, and it is a small consolation that we can assist these children and their parents.

#### MARIE CURIE MEMORIAL FOUNDATION WELFARE SCHEME, AND DAY AND NIGHT NURSING

There has been a marked increase in the requests for help under this scheme. During the latter part of the year, nursing help has been given to 12 patients and welfare help to 15 patients. It is regrettable that people appear so unwilling to become part-time nurses under this scheme, as the gratitude from patients and relatives would make such a difficult nursing task well worthwhile.

#### VISITS BY STUDENTS FROM BIRKENHEAD SCHOOL OF NURSING

As in past years, students have spent half a day with the District Nursing Sisters and have spent an extra half-day in the Department visiting all sections. Some time has been spent in the Social Services Department and particular interest was shown in the Blind Welfare and the Handicapped Section. These visits in conjunction with the liaison scheme are proving most helpful to both the Students and the District Nursing Sisters.

#### TRAINING OF DISTRICT NURSES

Two members of staff completed District Nurse Training during the year and were successful in passing the examination of the Panel of Assessors of the Department of Health and Social Security. One member of staff was in training at the end of 1971.

During the year the Superintendent of District Nursing has given a series of lectures to the Student Nurses of the Birkenhead School of Nursing on Aspects of Community Nursing. Meetings have been held with the Senior Sister Tutor to discuss the possibility of incorporating Community Care into the syllabus of the nurses in General Training.

HOME NURSING SERVICE

	New Cases put on Register during the year	Cases brought forward from previous year	No. of visits paid to all patients
Medical	509	716	43,008
Surgical	288	76	10,255
Infectious Diseases	-	-	-
Tuberculosis:			
Pulmonary	3	3	384
Non-Pulmonary	3	3	392
Maternal Complications	45	-	-
Chiropody Calls	-	-	1,358
TOTALS:	848	798	55,792

	<u>1971</u>	<u>(1970)</u>
Number of patients over 65 years	1,225	1,298
Number of visits paid to patients over 65	36,010	34,110
Number of patients under 5 at first visit	11	14
Number of visits paid to under 5's	52	118

VISITS BY SUPERINTENDENT

	<u>1971</u>	<u>(1970)</u>
Supervisory and Teaching Visits	718	603
Extra Calls	641	469
	<u>1,359</u>	<u>1,072</u>

FULL TOTAL OF VISITS PAID: 57,151



CASES ON REGISTER

Brought forward from previous year .. ...	798
New cases added to Register during year .. ..	1,348
Total:	2,146

Classification of New Cases :-

(a) Referred by Doctors .. ..	786
(b) Referred by Patients' relatives and friends ..	125
(c) Referred by Medical Officer of Health ..	79
(d) Referred by Hospitals .. ..	301
(e) Referred by Other Sources (e.g. Social Services) .. ..	27
Total:	1,348

CASES REMOVED FROM REGISTER DURING THE YEAR

(a) Convalescent .. ..	476
(b) Transferred to Hospitals .. ..	322
(c) Died .. ..	203
(d) Left the District .. ..	22
(e) Removed for Other Causes .. ..	177
(f) Able to Manage .. ..	77
Total:	1,277

CASES REMAINING ON REGISTER AT END OF YEAR

869 Cases

PATIENTS HAVING INJECTIONS ONLY

Card Code Number	Type of Injection	Number of Patients Nursed	Visits Paid
1	Insulin	19	1894
2	Penicillin	18	287
3	Streptomycin	18	996
4	Imferon, Cytamen etc.	454	6850
5	Mersalyl	17	651
6	Durabolin	16	365
7	GT.50	1	16
13	Morphia etc.	9	333
14	Others	63	1739
TOTALS:		615	13,131

## RENAL DIALYSIS

Two cases needing this form of treatment for advanced kidney disease occurred during the year.

The first was a patient at the Renal Unit in Liverpool and it was decided that the best method of treatment was long term dialysis to be carried out in the patient's own home.

A survey was carried out and a small first floor bedroom selected for conversion to house the kidney machine apparatus. With the co-operation of the Architect's Department and the Hospital Authorities, the room was adapted and the machine installed in about ten weeks' time.

The patient is now carrying on his work quite normally, using the machine on certain nights each week.

The second case also came from the Renal Unit at Liverpool and this time it was found impossible to adapt any room in the house. This was due partly to the open plan layout of the house and also the fact that there were several children in the family. Eventually an extension at first floor level was agreed upon and completed in a short time by a team of voluntary workers. Assistance was given in the form of a discretionary House Improvement Grant. This patient also is now back at work.

Patients using kidney machines in their homes are taught how to control the machine and how to set it up for the regular sessions of dialysis, but of course they need help to do this and this duty falls on a member of the family, normally the husband or wife of the patient.

It was felt that there might be times when families might need a little practical reassurance on the techniques involved and so arrangements are being made for two of our home nurses to attend at the Renal Unit in Liverpool for a course of instruction. They will thus be on hand to give this advice when needed.

IMMUNISATION AND VACCINATION

The following is the programme of Immunisation practised in the Health Department:-

<u>AGE</u>	<u>VACCINE</u>	<u>INTERVAL</u>
6 - 8 months	Triple (Diphtheria, Tetanus, Whooping Cough) and Poliomyelitis	1st) 6 - 8 weeks 2nd)
12 months	Measles Vaccination	
14 months	Triple and Poliomyelitis	3rd

SCHOOL ENTRY

5 - 7 years	Diphtheria/Tetanus Booster and Poliomyelitis	4th
12 years	B.C.G. Vaccination	
12 years	Rubella Immunisation (Selected Groups: Girls only)	

Consent forms were again sent to parents of children reaching the age of six months and to parents of school entrants aged five years.

A good response was obtained once again from the parents of school children: The figure relating to children under five years improved this year.

IMMUNISATION IN 1971

	<u>Medical Officers</u>	<u>General Practitioners</u>
Immunisation against Diphtheria	3	2
Reinforcing injections against Diphtheria	14	1
Triple Antigen	1383	612
Triple Antigen Reinforcing injections	1050	298
Immunisation against Diphtheria/Tetanus	262	14
Immunisation against Diphtheria/Tetanus (Reinforcing injections)	976	164

IMMUNISATION AGAINST DIPHTHERIA

	<u>PRIMARY</u>	<u>REINFORCING INJECTIONS</u>
0 - 3 years	1904	1088
4 - 7 years	349	1326
8 - 15 years	23	89
	<u>2276</u>	<u>2503</u>

IMMUNISATION AGAINST WHOOPING COUGH

	<u>INFANT WELFARE CENTRES</u>	<u>GENERAL PRACTITIONERS</u>
0 - 1 year	305	72
1 - 2 years	880	357
2 - 3 years	117	123
3 - 4 years	48	22
5 - 7 years	32	32
8 - 15 years	1	6
	<u>1383</u>	<u>612</u>

IMMUNISATION AGAINST TETANUS

	<u>PRIMARY</u>	<u>REINFORCING INJECTIONS</u>
0 - 3 years	1904	1089
4 - 7 years	352	1320
8 - 15 years	43	172
	<u>2299</u>	<u>2581</u>

VACCINATION AGAINST MEASLES

	<u>HEALTH DEPARTMENT</u>	<u>GENERAL PRACTITIONERS</u>	<u>TOTAL</u>
0 - 3 years	799	135	934
4 - 7 years	234	59	293
8 - 15 years	7	4	11
	<u>1040</u>	<u>198</u>	<u>1238</u>



VACCINATION AGAINST POLIOMYELITIS

During 1971 the following were given:-

ORAL POLIOMYELITIS VACCINE

	<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
Oral Primary Courses	1598	547	1945
4th Oral	713	281	994

IMMUNISATION AGAINST RUBELLA (GERMAN MEASLES)

In the Autumn Term 1971, immunisation against Rubella was offered to girls 13 years of age in Birkenhead Schools.

<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
1605	22	1627

B.C.G. VACCINATION - SCHOOL CHILDREN 1971

B.C.G. Vaccination was offered to 12 year olds during the year.

Children found to be positive following testing are sent for X-ray examination and certain cases are referred to the Chest Physician.

	<u>Multiple Puncture Test</u>			
Parents Notified	Children Tested	Positive	Negative	Children given B.C.G.
2,903	2,711	260	1,928	1,928

The percentage of children vaccinated and immunised in Birkenhead during 1971 was a slight improvement on the previous year, but numbers are still too low. It is a great pity that many of the parents of young children do not avail themselves of comprehensive services available for the protection of their children. Child Health Clinics are open every week-day in all parts of the town and we have increased the number of clinical sessions during 1971. Babies and young children can be brought to these Clinics and Health Centres or to the Family Doctors' surgeries in order that they may be given the necessary protection. Some people could argue that it is fear of injections that keep the children away, but on looking at the 52% of children protected against Poliomyelitis in 1970 and 54% in 1972, one can only remind parents that this vaccine is given by mouth in a small amount of sugar solution. Indeed, there are virtually no side effects, and, as a Medical Officer of Health who has handled

several small outbreaks of Poliomyelitis, it may interest the readers of this report to know that I have myself received a full course of the outdated injections against Poliomyelitis and several doses of the more recent oral vaccine, the whole idea being to protect myself over the years when I have attended potentially infectious cases. If we are to avoid an outbreak of Poliomyelitis (Infantile Paralysis) in this town, it is up to the parents of young children to get them protected with the harmless oral Poliomyelitis vaccine. It is when the vaccination against Poliomyelitis in the population is low that the dormant viruses of this infection have a chance to break out as unpleasant disease.

Percentage of Children Born in 1969 and  
Vaccinated by 31.12.71.

	Whooping Cough	Diphtheria	Poliomyelitis
Birkenhead	64	65	56
England	78	80	80

During the year we intensified our campaign for protection against German Measles - not only did we offer it to girls reaching thirteen years of age, but we extended it to those of twelve and eleven years of age. The response to this protection has been fairly satisfactory, and it is to be hoped that in the future we shall have most young mothers with sufficient protection to combat any German Measles infection they might have otherwise got in early pregnancy. I hope parents will realise that German Measles in young mothers during pregnancy is not an uncommon cause of handicapped children being born. German Measles is difficult to diagnose and since it causes so little upset it often strikes without the young mother being aware that she is affected with the virus. Protection by Rubella vaccine is the only way to ensure that the young mothers of the future have sufficient immunity from German Measles.

During 1972, with the appointment of a new Health Education Officer, we shall be intensifying our efforts to get babies and young people protected against all the common diseases, namely Whooping Cough, Diphtheria, Tetanus, Measles, German Measles, Poliomyelitis. Parents should think what the scourges caused by these diseases were like in the past and appreciate the need to ensure the health of their babies and children in the future.

SMALLPOX

During the year, acting on the advice of the Department of Health, smallpox vaccination was discontinued as a routine measure.

It has been found that the world incidence of smallpox has been decreasing for some time due largely to the efforts of the World Health Organisation in eradicating the disease in the epidemic areas. These areas are Ethiopia, Sudan, India, Pakistan and Indonesia: ten years ago it was endemic in nearly sixty countries. It follows that the chance of importation of smallpox into the U.K. and the development of subsequent cases is decreasing.

Selective vaccination of high risk groups such as doctors and nurses is still continuing as also is the vaccination of travellers going to the endemic areas.

VACCINATIONS AGAINST SMALLPOX DURING 1971

By Medical Officers at Infant Welfare Centres 496  
By General Practitioners 355

Age at Date of Vaccination	0 - 1 year	1 - 2 years	2 - 4 years	5 - 15 years	Total
Number Vaccinated	8	592	163	39	802
Number Re-Vaccinated	-	2	8	39	49

VACCINATIONS AGAINST SMALLPOXSEPTEMBER TO DECEMBER 1971

By Medical Officers at Infant Welfare Centres 27  
By General Practitioners 61

Age at Date of Vaccination	0 - 1 year	1 - 2 years	2 - 4 years	5 - 15 years	Total
Number Vaccinated	5	21	13	4	43
Number Re-Vaccinated	-	-	-	8	8

As will be seen from the figures of vaccinations against smallpox after September the family doctors vaccinated more children than those vaccinated in Local Authority Clinics. The circular recommending cessation of routine infant vaccination was published from the Ministry in late July 1971 and the information was repeated in our local weekly circular to doctors in August. It will be interesting to follow the numbers of vaccinations against smallpox in 1972.

AMBULANCE SERVICE

I am indebted to the Chief Fire Officer for the following report on the Ambulance Service of the Borough for the year ended 31st December, 1971.

"I have pleasure in presenting a report on the work of the Ambulance Service for the year ended 31st December, 1971. The details contained in this report will be reproduced in the Annual Report of the Medical Officer of Health later in the year.

The work load of the Ambulance Service continues to increase and 1971 saw the number of calls received by the Service rise to over 70,000 for the first time. With the increase in the number of patients attending hospital clinics and other specialised units in hospitals outside the Borough area, the mileage covered by ambulance vehicles showed a rise of about 10%; in other words, an additional 20,000 miles during the year.

1,059 patients were conveyed to hospital suffering from injuries arising out of accidents in the Home, and by far the majority of these accidents were occasioned by falls, and it was particularly noticeable that many of these accidents were suffered by elderly persons down the stairs in their homes.

A considerable amount of time is still being wasted in responding to malicious false alarm calls and these increased during 1971 by about 20% to a total number of 123. In addition there were almost 1,800 cases where the ambulance was not required after responding to a call or booking, and the reasons that the ambulance was not required on these occasions are summarised in this Report.

Emphasis continues to be placed on all types of ambulance training, basic, continuation and advanced, and consideration is being given to the increasing of the establishment to permit more ambulance personnel to undergo the necessary training courses outside the Authority's training scope. During 1971 eleven members of the Ambulance Service attended Training Courses at the approved Training School in Cheshire, and the results from most of these was very gratifying. Advantage was taken during the year to instruct ambulance personnel in Motorway accident procedure and on a number of occasions Ambulance crews joined with crews of the Fire Brigade in taking part in exercises prior to the opening of the new Motorway. Nine Ambulance personnel were awarded the Ambulance Proficiency Certificate during the year and two members qualified as Associate Members of the Institute of Certified Ambulance Personnel and one member qualified as a Fellow of the Institute. It is hoped that during the next year the training syllabus will be extended to include training in hospitals and training in the use of Entenox analgesic equipment. The service now have seven men qualified as Red Cross Instructors and these qualifications have in most cases been obtained by members attending courses in their off-duty periods.

Considering the ever deteriorating conditions under which members of the Ambulance Service operate from their existing premises, I have nothing but the highest of praise for the manner in which all personnel have tackled the heavy work load which has been placed upon them and the move to the proposed new Ambulance



premises in 1972 will be just reward for their efforts.

### ESTABLISHMENT

<u>Rank</u>	<u>Approved</u>	<u>Actual</u> <u>31.12.1971.</u>
Station Officer	1	1
Deputy Station Officer	1	1
Section Leaders	4	4
Deputy Section Leaders	3	3
Driver/Attendants	35	33
Cleaner/General Assistant	1	1
	<u>45</u>	<u>43</u>

Establishment to be increased by 2 Driver/Attendants with effect from 1st April, 1972.

### Variations

Retirement:	1 Driver/Attendant
Resignation:	5 Driver/Attendants
Appointments:	4 Driver/Attendants

### Courses Attended

8 members attended 2 Week Courses at Cheshire County Training School, Wrenbury.

1 member attended 6 Week Course at Cheshire County Training School, Wrenbury.

2 members attended an Ambulance Instructors' Course at Cheshire County Training School, Wrenbury.

38 members attended First Aid Courses and qualified.

### Ambulance Proficiency Certificate

9 Certificates awarded.

### Institute of Certified Ambulance Personnel

1 qualified as Member and Fellow.

2 qualified as Associates.

### Safe Driving Competition Sponsored by the Royal Society for the Prevention of Accidents

#### 15-year Brooch

4

#### Oak Leaf to 10-year Bar

4

#### Bar to 5-year Medal

9

#### 5-year Medal

4

#### Diploma

11

Entries for 1971: 44

Awards Granted: 32

Vehicles

<u>Type</u>	<u>Year</u>
2 Morris Ambulances, Diesel	1965
1 Morris Ambulance, Diesel	1966
2 Morris Dual Purpose Ambulances, Diesel	1966
3 Morris Ambulances, Diesel	1967
2 Morris Ambulances, Diesel	1968
1 Morris Dual Purpose Ambulance, Diesel	1968
1 Commer Sitting Car Vehicle, Petrol Engine	1965
1 BMC Dual Purpose Ambulance, Diesel	1969
1 Ford Transit Ambulance, Diesel	1970

Replacement programme of Ambulances and Sitting Car Vehicles determined at 6 years.

CLASSIFICATION OF CALLS

		<u>Calls</u>	<u>Patients</u>	<u>Mileage</u>
<u>EMERGENCY</u>	Home Accidents	1,049	1,059	4,860
	Works Accidents	541	551	2,377
	Street Accidents	1,445	1,657	6,587
	Maternity	1,010	1,010	5,224
	Emergency Illness	2,913	2,917	14,611
<u>REMOVALS</u>	Ambulance	27,962	28,478	100,236
	Sitting Cases	33,345	33,345	92,253
<u>SPECIAL SERVICES</u>	Midwives	28	-	137
	Others	40	-	136
<u>AMBULANCES NOT REQUIRED</u>	Malicious False			
	Alarms	123	-	474
	Others	1,793	-	6,481
		70,249	69,017	233,376

SUMMARY OF CALLSASSISTANCE TO OTHER AUTHORITIES

	<u>Calls</u>	<u>Standbys</u>
Assistance to:		
Wallasey	13	-
Cheshire	35	-
Liverpool	6	-
Others	-	-

AMBULANCES NOT REQUIRED

<u>Classification</u>	<u>Type</u>	<u>Calls</u>
<u>EMERGENCY</u>	Refused Conveyance	212
	Removed - passing car etc.	49
	Transport not required	293
<u>OUT PATIENTS</u>	To ill to travel	166
	Made own way	138
	Appointment errors	212
	Wrong Address	51
	Not at home or not ready	388
	Refused conveyance	38
	Case Cancelled	61
<u>IN PATIENTS</u>	Wrong Address	10
	Too ill to travel	14
	Made own way	37
	Not at home or not ready	49
	Refused conveyance	18
	Case cancelled	57
		<hr/>
		1,793

FACTORS RELATING TO HOME ACCIDENTS

Falls	511
Poison	238
Glass	56
Domestic	51
Burns	63
Eyes, Mouth, Nose	13
Doors and windows	22
Dog Bites	4
Gas	3
Sharp objects	45
Needles and Nails	3
Wrenches and knocks	15
Objects falling	9
Zip fasteners	3
Adding machine	1
Air Gun	1
Rabbit Bite	1
Moving Machine	1
Cat Bite	2
Deck Chairs	1
Bee Sting	1
Baby's Reins	1
Explosion	2
Suffocation	6
Cycles	2
Domestic appliances	1
Electric shock	1
Wasp Sting	1
Toys	1
	<hr/>
	1,059

USE OF SPECIAL EQUIPMENT AND MEDICAL TEAMS

Neil Robinson Stretcher	4 Occasions
Aspirator	5 Occasions
Minuteman Resuscitator	181 Occasions
Obstetric Flying Squad	20 Occasions
Paediatric Flying Squad	19 Occasions

7 babies were delivered by the ambulance men during the course of the year, either in the ambulance or at home before assistance was available.

In conclusion I would like to pay particular tribute to the conscientious, loyal and willing support I received from all ranks of the Ambulance Service during the year 1971. My thanks are also due to the Medical Officer of Health for his willing co-operation at all times and for his good advice when this was requested.

To the Chairman, and all members of the Health Committee, I would express my appreciation for the support and encouragement given me during 1971".

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## HEALTH EDUCATION

In the early part of 1971 the work in Health Education was much reduced due to the illness of Dr. T. Fergusson. His death in May 1971 was a great loss to the town. He was the first appointee to the post of Joint Health Education Officer to the County Boroughs of Birkenhead and Wallasey, and he was therefore a pioneer in this area in Health Education. In four years he developed this section of the Health Department. He used a limited budget to provide a wide range of literature and visual aids for health education work. He developed links with everyone locally, connected in any way with health education - particularly did he endeavour to establish links in the schools. Whoever follows him (and by the end of the year no appointment had been made) will have a good background on which to develop health education still further.

While the nature of the future appointment in Health Education was being discussed, Mrs. Curtis, a health visitor in the department was seconded to carry on the work and co-ordinate the activities of others. She visited all the High Schools and a number of the Middle and Primary Schools and discussed with the head teachers, what services in the Health Education field the Health Department could offer to them. In spite of publishing a list which has been circulated it is not always appreciated how many visual aids are available.

During the year the following extra equipment was provided:-

Elmo Strip and slide projection  
Wall display unit for Central Baby Clinic.

New Film Strips and Tapes:-

You and Sex - V.D. - Strip and Tape  
Human Development  
Hygiene in the House  
Education for Childbirth - Second  
Your First Baby

The Head Teachers at the High Schools agreed that there was need for more Health Education in close association with the Education for Personal Relationships' co-ordinators in schools, and where it was possible this was arranged in the school time table. Unfortunately, three school courses had to be postponed until after Christmas and into the New Year 1972.

The course offered in the High Schools was a ten-week course:-

- |                       |                               |
|-----------------------|-------------------------------|
| 1) Personal Hygiene   | 6) Addiction (alcohol, drugs) |
| 2) Diet               | 7) Anti-smoking               |
| 3) Human reproduction | 8) Mental Health              |
| 4) Venereal Disease   | 9) Environmental Hygiene      |
| 5) Contraception      | 10) Question & Answer session |

All forms of visual aids were used in these course:- the ciné films of which there are now six in the department are most popular. These films have been shown at most of the High (Comprehensive) Schools and are greatly appreciated. The enthusiasm and

eagerness with which the serious courses have been accepted, leaves us in no doubt of the necessity of increasing this work, particularly when the school leaving age is extended to sixteen years of age. The difficulty lies in the shortage of staff but many of the Health Visitors are helping with the Health Education work, as are the Public Health inspectors and dental staff. The Health Education work is not confined to the schools and much work is done in various clubs for youth and adults in the community. The idea that Health Department staff have a nine to five appointment is not correct if we consider the many free evenings which are given up to talks, lectures and other voluntary Health Education activities. For the efforts of all who have taken part, we are most grateful, certainly they can take knowledge of the fact that teaching health is better than teaching disease.

We have been greatly assisted in our Health Education work by the Administrator and various speakers from the Merseyside Cancer Education Committee.

Mrs. P. Hobbs, H.V.Cert., D.A.E., F.R.S.H., M.I.H.E., Administrator, Merseyside Cancer Education Committee, kindly reports as follows:-

### Public Education About Cancer

Once again the number of meetings arranged in the Borough by the Merseyside Cancer Education Committee showed a satisfying increase. There was less emphasis on youth clubs this year and more on the adult population, especially with regard to advising and helping people to stop smoking, the impetus being provided by the publication, early in 1971, of the Royal College of Physicians' Report "Smoking and Health Now".

#### 1. Anti-smoking Clinics

Public interest aroused by Health Department personnel and by national and local press coverage of the new Report created a demand for an Anti-smoking Clinic and this was then fostered through the Birkenhead News, resulting in 25 people attending the first clinic which began in June. The medical and health visitor staff of the Health Department and the Merseyside Cancer Education Committee's Administrator planned and ran the Clinics together and each consisted of six evening meetings, two in the first week and once weekly thereafter. The main theme of the clinics was analysis of individual smoking patterns, using the Smoker's Self-testing Kit, in order to advise on how to stop smoking, group support at the meetings and the availability of professional support and counselling at and between meetings, and education designed to re-inforce the determination to conquer the habit. Help was also given in weight control where improved appetite and improvement in the taste of food, resulting from stopping smoking, had caused increased weight.

When the second clinic was begun in September some members of the first clinic attended the first session and

were a great help in advising and encouraging the new members.

As a long-term evaluation the Merseyside Cancer Education Committee asked members to complete a questionnaire at the start of each Clinic, and these will be followed up in June and September, 1972. But obvious lessons learned at the first Clinic were immediately applied at the second. During the September Clinic the Administrator attended the 2nd World Conference on smoking and health in London and discussed aspects of the work with the author of the smoker's Self-Testing Kits, Dr. Daniel Horn, of the U.S.A. National Clearinghouse for Smoking and Health and the rest of the Clinic programme was adjusted accordingly.

## 2. Breast Self-Examination

The report on the evaluation of Birkenhead health visitors' teaching on Breast Self-Examination was published, as anticipated, in 1971, by the Merseyside Cancer Education Committee, entitled "By Chance or by Design?". In view of the interest of cancer education specialists in other countries in the study's findings an article on the report was published in the International Journal of Health Education: "Evaluation of a teaching programme on Breast Self-Examination". An article on the research methods used, "Small scale research: interpreting the findings", was published in the Journal of the Institute of Health Education.

The survey is best seen as a pilot study reflecting both the strengths and weaknesses of the teaching which can be acted upon straight away, as well as suggesting further areas for long term research.

An extract from the main report giving the main findings and recommending certain changes in the teaching method was provided for all doctors and health visitors involved in this teaching. The following is a quotation from the International Journal article:

"Since we dealt with a relatively self-selected group, with a majority reacting positively to the idea of BSE, it is not surprising that the majority tried it out. Nevertheless, it is gratifying that 48 per cent established a regular routine, though not necessarily strictly once a month.

It appears probable that women in the upper half of the social class scale are more likely to react favourably to the idea of BSE, which in turn appears to pre-dispose to trying out the procedure, a necessary first step in developing routine BSE. These women are the high risk group for breast cancer.

The main difficulties about the procedure were practical and can be prevented by improving the teaching method. Anxiety about cancer, though present, was a major problem among these respondents, though it may well exist among the non-respondents; over three-quarters felt all women should be taught the procedure.

Our conclusions are that a sufficient number of women



both take up BSE and are helped by the teaching to justify continuing the programme, especially in view of the insight we now have into ways of improving the effectiveness of the teaching".

Evaluation of Health Education programmes is less common than we would wish to see and it is gratifying that Birkenhead Health Visitors had the courage to put their work to the test in this way and so to make possible a report which is being studied by cancer education organisation, government health departments and institutes of applied social research in this country and abroad and will, one hopes, prove to be something of value.

## THOUGHTS ON THE ANTI-SMOKING AND HEALTH CAMPAIGN

BY

THE MEDICAL OFFICER OF HEALTH

In January 1971, the Royal College of Physicians published their second report on the health hazards of smoking. An independent body, A.S.H. (Action on Smoking and Health Limited) initially financed by the College, aimed to raise £100,000 in 1971.

In Birkenhead we had our own A.S.H. campaign. The Health Committee voted £250 to help finance extra Health Education against smoking. Apart from the continuing anti-smoking propaganda in the schools and youth clubs, it was decided that we would hold anti-smoking clinics for those addicted to the smoking habit. With the assistance of Mrs. Hobbs, the administrator of the Merseyside Cancer Education Committee, two clinics were held, one in June and another in September. The width of the lectures is shown in the programme which is published with Mrs. Hobbs' report.

The question is "What did we achieve?" The Health staff gave up several evenings of their free time. Certainly it was a good Health Education exercise. We were greatly helped by good reporting from the Birkenhead News and a reporter arrived to try and give up smoking. All the people attending were hardened smokers, some smoking more than 30-40 cigarettes a day. Some had health problems which intensified the need to rid themselves of this unpleasant addictive habit.

To the first anti-smoking clinic several husband and wife partnerships came to assist each other, but it was curious that amongst those who attended the second clinic, several young wives had been pressed by their smoking husbands to attend, but the husbands, who were probably at greater health risk, were unwilling to come.

Where husband and wife attended the clinic regularly together they seemed to find it much easier to give up smoking.

Some of those who attended appreciated that smoking was an imitative addiction, and they were concerned that their children should not smoke, indeed, often the young people in the family encouraged the smoking parent to attend. We hear much about drugs and the young, we hear less than we should do of the encouragement



given by the young to their addicted parents.

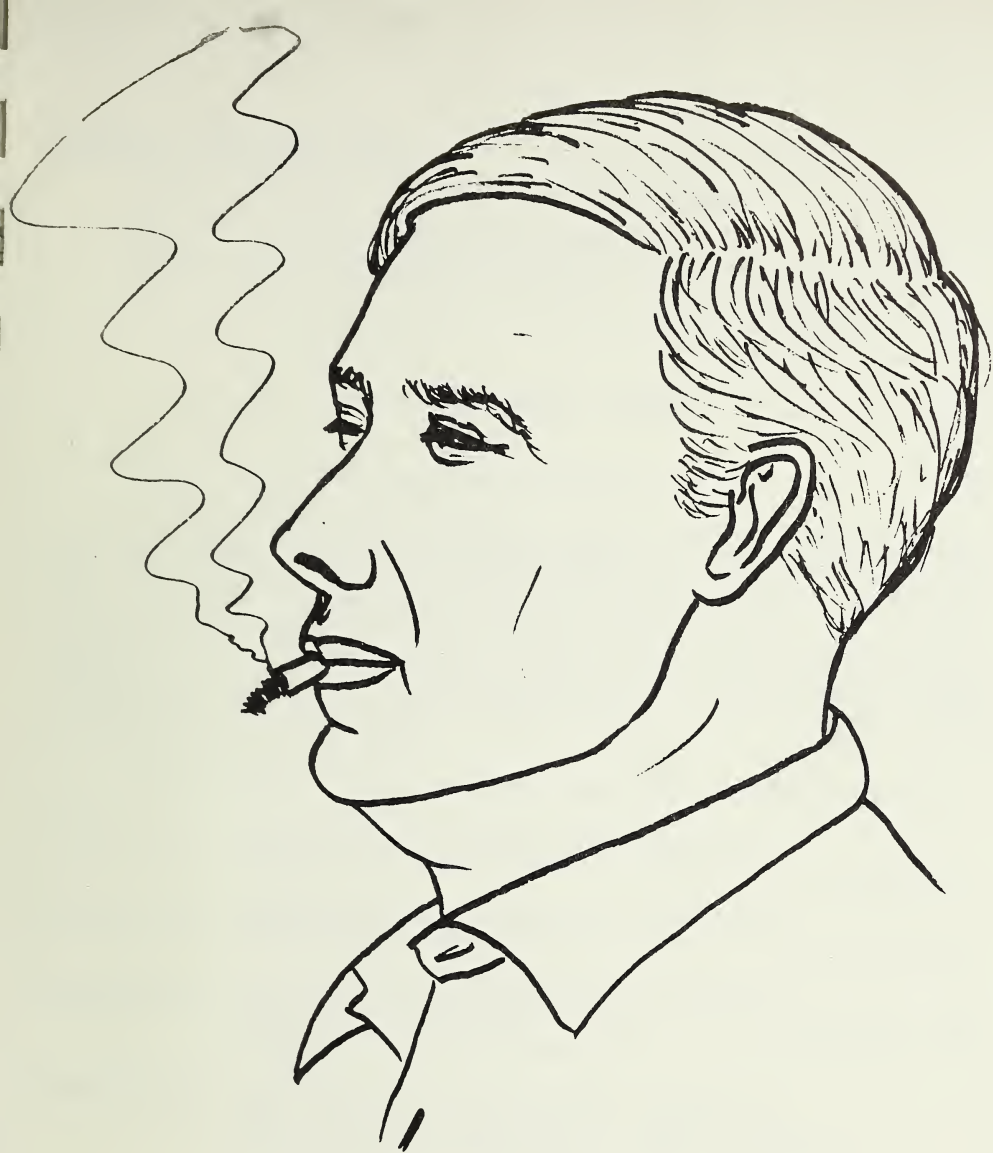
People attending the Clinics were of two groups, those who really intended to give up smoking and were prepared to stop and put up with their feelings during the withdrawal period, and those who just wanted to cut back and hoped the anti-smoking clinic would provide a panacea for their problem.

The withdrawal symptoms were at times unpleasant. Several people could not sleep; others did not know what to do with their hands - anxiety became intense in some people, but those who stuck to the task were through their problem in large measure by the sixth week of the course.

When a check was made on the first Group at the time of the second clinic it was found that one third had stopped smoking, one third had cut back, but would probably return to the same severity of cigarette addiction as before (though they had been encouraged to smoke only the first part of the cigarette or change to a pipe); one third of those who attended made no improvement in their smoking habits. The same results were achieved at the second anti-smoking Clinic held in September. Thus probably, 20 people gave up smoking out of 60. Running the Clinics was hard work and time consuming for so small a result. Though on the positive side, if the children of those twenty people do not smoke either, our achievements will have been greater.

Our A.S.H. campaign efforts are small compared with the intensive advertising from the tobacco companies. Who can blame the Community Physician of the future for being cynical about the anti-smoking campaign. Officially advertisements about smoking are banned on television, but watch any football match and see the massive cigarette advertisements attached to the football stands. The various newspaper colour supplements have glorious technicolour illustrations encouraging the young to feel that to smoke is to be vigorous and healthy - nothing could be further from the truth. Even the health warning on the packet is a good advertising gimmick. One of our Public Health Inspectors offers his poster in opposition. It is about time that Government legislation was introduced to prevent cigarette manufacturers sponsoring sporting events. The general effect is to counter any health education measures by suggesting that cigarette smoking is manly or womanly and associated with youth, exercise and fitness. At the rate we are going it will not be long before we have a contest to see who can run the four minute mile smoking a cigarette.

It is about time that doctors, nurses, teachers, youth leaders, clergy and church members made it their responsibility to discourage smoking. During 1971 A.S.H. Wednesday, and the Sunday following, was linked with the A.S.H. campaign and a letter asking churchmen and women to give up smoking was read and given out in churches in Birkenhead from the Medical Officer of Health. We cannot expect young people not to smoke if people in responsible positions are not willing to give a lead and give up the unhealthy, cigarette habit.



SHORT OF BREATH,

SHORT OF CASH ?

SHORT END -

SHORT LIFE !

(Well every packet did contain a Government health warning !)



CERVICAL CYTOLOGY, 1971.

Number of women tested at cytology clinic .. ..	959
Number of women retested at cytology clinic ..	855
Number of women tested at Family Planning Clinic..	
First Time..	124
Retested ..	38
Total Number tested .. .. .	<u>1,976</u>
Number on waiting list for cytology clinic .. ..	58

Of the 1,976 women receiving cervical smear tests, 9 showed a positive result suggesting pre-malignant changes of the cervix. This represents a detection rate of 4.5 per 1,000 - the sort of detection rate expected in testing women in social class 1 to 3. The more privileged seem more aware of the importance of early diagnosis of any form of cancer and are much more prepared to come forward for testing. If more women could be persuaded to come forward from the less privileged families in Birkenhead, we could get higher detection rates.

The results of the 9 positive cases were as follows:-

- Case No. 1. Referred to Clatterbridge Hospital.  
Chronic cervicitis but no evidence of malignancy.
- Case No. 2. Referred to St. Catherine's Hospital.  
Chronic cervicitis but no evidence of malignancy.
- Case No. 3. Referred to St. Catherine's Hospital.  
Patient moved outside the area but follow-up cover arranged in the new area.
- Case No. 4. Referred to St. Catherine's Hospital.  
Cone Biopsy - much chronic cervicitis.  
Dilatation and curettage. Smear repeated.  
No evidence of malignancy.
- Case No. 5. Referred to St. Catherine's Hospital.  
Cone Biopsy. Dilatation and curettage.  
Carcinoma-in-situ. Hysterectomy performed.
- Case No. 6. Referred to St. Catherine's Hospital.  
Cone Biopsy. Dilatation and curettage.  
Carcinoma-in-situ with chronic cervicitis.  
Follow-up showed a small erosion of cervix only.  
For further smear and review.
- Case No. 7. Referred to St. Catherine's Hospital  
Cone Biopsy - carcinoma of cervix.  
Intensive treatment begun.
- Case No. 8. Referred to St. Catherine's Hospital.  
Cone Biopsy - carcinoma of cervix.  
Intensive treatment begun.



Case No. 9. Referred to St. Catherine's Hospital.  
 Carcinoma-in-situ.  
 Awaiting operative treatment.

A few positive cases and some of these were cancer - but early cancer which has a good chance of successful treatment.

Perhaps the women of Birkenhead will note that the clinics for cervical cytology are:-

Central Clinic	-	Monday	2.00 p.m.
North Clinic	-	Wednesday	9.30 a.m.
South Clinic	-	Thursday	9.30 a.m.

They are not just cytology clinics. They should be looked upon as well women clinics. Numerous other smaller problems are detected, some of which undermine the health of women. These problems are referred to the home doctor for treatment.

It should be borne in mind that a cervical cytology programme without a proper recall system and a follow-up programme is probably of little value. In Birkenhead Health Department we have always had a three-year recall system. Now to increase efficiency we are going into the National scheme for computer recall. This will only give the women an appointment every five years. Is this often enough? - only the future experience will provide the answer.

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CHIROPODY

Mr. G.C.H. Burns, Chief Chiropodist, reports:-

The Chiropody Service has expanded steadily throughout the past year.

Persons at present eligible for treatment are divided into the following categories:-

- (a) Persons aged 65 years and over
- (b) Handicapped Persons
- (c) Expectant Mothers
- (d) School Children

By a certain amount of re-organisation carried out early in 1971, we were able to open three new clinical sessions during the year. This enabled us to accommodate new patients, and helped to meet the increasing demands made upon the service.

The number of sessions held weekly are as follows:-

- 17 sessions at Central Clinic
- 6 sessions at South Clinic
- 4 sessions at North Clinic
- 1 session at Prenton Clinic

The numbers of aged and handicapped persons attending clinics increased sharply during the year.

Total number of persons attending Clinics in 1971 was 2215 as against 1898 in 1970, an increase of 17%.

Total number of treatments given at Clinics in 1971 was 6947 as against 5549 in 1970.

This represents an increase in Clinic Service of 25%.

DOMICILIARY SERVICE

The Domiciliary Chiropody Service has also shown steady expansion.

Total number of patients treated in 1971 was 960 as against 817 in 1970.

Total number of treatments given in 1971 was 4003 as against 3072 in 1970.

The number of Domiciliary treatments given in 1971 shows an increase of 30% over the last year whilst the number of persons receiving treatment has increased by 18%.

The Domiciliary Service is carried out as before by private practitioners working on a contract basis. This system is proving

very satisfactory. We co-operate closely with the District Nursing Service and during the year chiropody treatments were provided at their recommendation for housebound and disabled persons.

A review of income levels governing persons eligibility to receive treatment was made during the year, bringing the scale of allowances and charges into line with increased state pensions and the rising cost of living. The new scale was presented to Council and passed in July, 1971, and patients assessed accordingly.

#### OLD SCALE

SINGLE	MARRIED	CHARGE
Receiving supplementary benefit. Or, other income not over £6.	Receiving supplementary benefit. Or, other income not over £9	FREE
Income over £6 and not over £7.	Income over £9 and not over £11.	13p
Income over £7 and not over £9.	Income over £11 and not over £14.	25p
Income over £9.	Income over £14.	not eligible

#### NEW SCALE

SINGLE	MARRIED	CHARGE
Receiving supplementary benefit. Or, other income not over £7,	Receiving supplementary benefit. Or, other income not over £11.	FREE
Income over £7 and not over £12.	Income over £11 and not over £15.	13p
Income over £12 and not over £15.	Income over £15 and not over £18.	25p
Income over £15.	Income over £18.	not eligible

By arrangement with Wallasey Corporation Health Department, one chiropody session is now held at Moreton Adult Training Centre, every six weeks. Handicapped young people who attend the centre are eligible for treatment provided, of course, they are resident in Birkenhead. By holding a session at the centre a saving of time and transport cost is made and I find these patients are much more at ease when treated in familiar surroundings.

### SCHOOL CHILDREN'S SERVICE

For some time past it has been evident that there was a demand for a School Children's Chiropody Service. Information about School Services was sought from the City of Salford who have provided a very successful service for some years. From the details they kindly provided we were able to draw certain parallels and an early estimate of initial requirements was reasonably accurately made, the school age population of Birkenhead and Salford being approximately the same.

Interest in the service is widespread and there is a steady demand from Doctors, Health Visitors, Teachers and Parents. The most common foot condition found in children is Verruca Pedis, to a lesser extent we find callosities and some minor foot orthopaedic defects.

The number of children attending was 59 and 176 treatments had been given in the Children's Clinic by the end of the year.

One children's session per week was provided from 9th September and by the end of the year proved insufficient and additional time had to be provided.

Our plans for further expansion in 1972 include a new Clinic service for the Aged and Handicapped based at the new Ford Health Centre.

Expansion of the Children's Service is also proposed and will be based on the facilities available at the Social Services Centre.

Year	Place of Treatment				Total		Columns 2-7 Free	
	Surgery		Home of Patient					
	Cases	Treat- ments	Cases	Treat- ments	Cases	Treat- ments	Cases	Treat- ments
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1971	1255	6947	960	4003	2215	10950	1790	8865

T A B L E 1

Year	Aged 65 and over	Handicapped Persons under 65			Expectant Mothers	Total
		Blind	Other Physical Handicaps	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1971	2093	8	112	120	2	2215



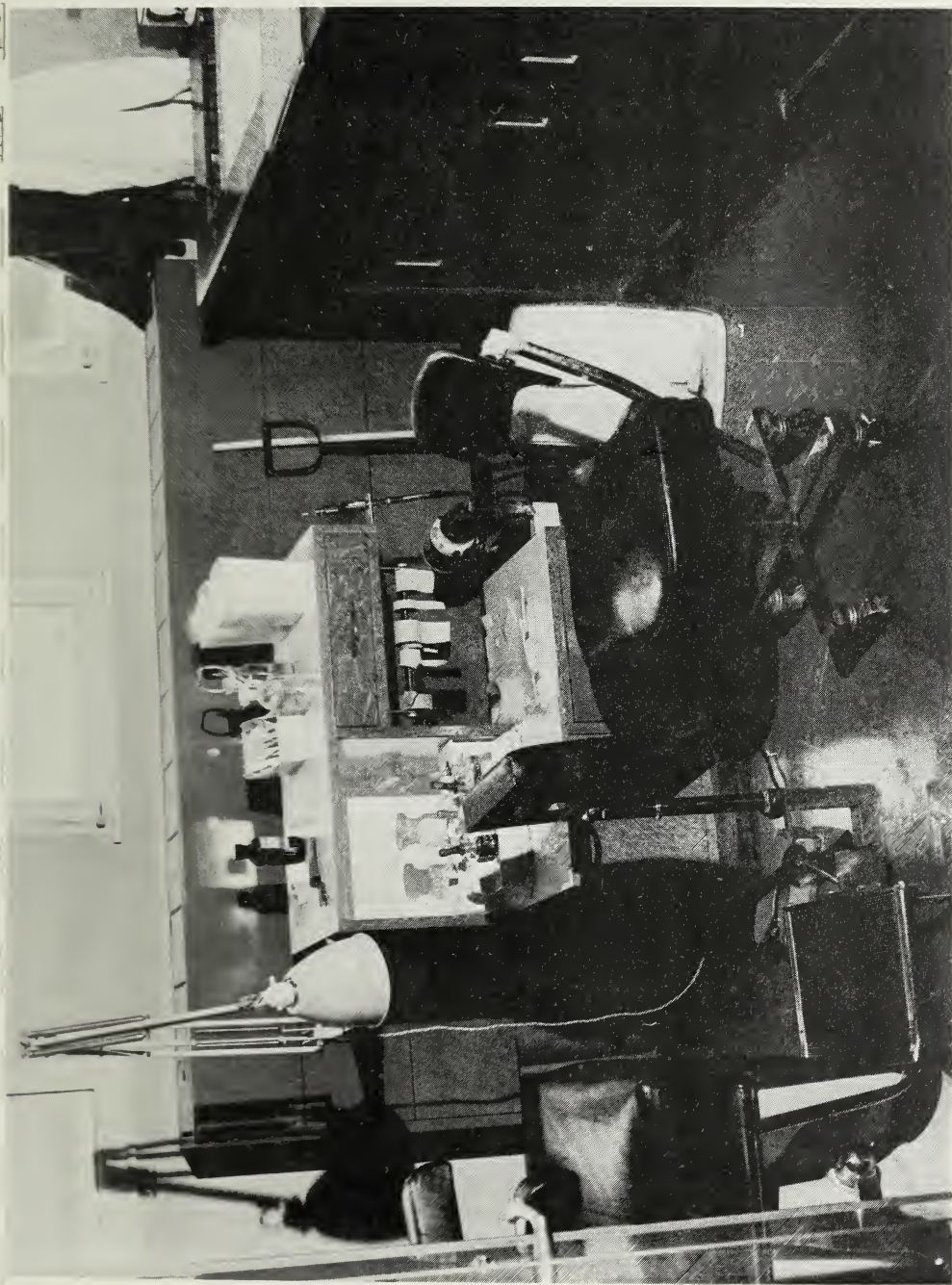
T A B L E 2

	Patients Receiving Domiciliary Treatments				Patients Receiving Surgery Treatments				Total Patients Receiving Treatments			
Year	Free	13p	25p	Total	Free	13p	25p	Total	Free	13p	25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1971	797	133	30	960	993	219	43	1255	1790	352	73	2215

T A B L E 3

	Domiciliary Treatments				Surgery Treatments				Grand Totals			
Year	Free	13p	25p	Total	Free	13p	25p	Total	Free	13p	25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1971	3332	459	212	4003	5533	981	433	6947	8865	1440	645	10950

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Modern Chiropody Room

Social Services Centre



### MENTAL HEALTH

In April 1971, with the coming into force of the Local Authority Social Services Act, Mental Health after-care services came under control of the Director of Social Services. As indicated in the foreword to this report, services to the mentally retarded, which have been much developed in the last three to four years, are fairly soundly based, but we have a long way to go to improve the Borough's services to the mentally sick. The following facilities came under the Director of Social Services:-

- 1) The Adult Training Centre - a joint project with Wallasey County Borough at Moreton.
- 2) The new Hostel for mentally handicapped children on Noctorum Estate.
- 3) A partially built Hostel for mentally handicapped Adults on Ford Estate - this project was opened in October, 1971.
- 4) A partially planned Adult Training Centre/Sheltered Work Shop in Duke Street. This is to link with the Industrial Therapy Unit in Price Street - thus offering improved facilities for the mentally retarded and the mentally ill.
- 5) The new Junior Training Centre - a joint project with Wallasey County Borough came under the Director of Education and became Moreton Cross School.

With the Medical Officers of Health becoming Community Physicians and moving to the Area Health Boards it is probably better that education and after-care for Mental Health stays with the Local Authority Education and Social Services, but the transfer of these services has not been without some difficulties in the early stages. Mental health will be divided in four directions between Social Services, Education Services, School Health Services and Personal Health Services, not forgetting in addition the voluntary mental health agencies which can make for several more divisions. It is obvious that in the years to come we need very carefully planned co-ordination meetings.

During the early development of the general social worker, there has been hesitation in gaining knowledge of mental health, but one has to accept that it is not an easy subject. Experienced people in the personal health services are ever ready to help, whether it be at individual patient level or discussion with the individual family doctor who is still used to the idea of a Mental Welfare Officer, or with the Hospital Officer in the Community situation, who suddenly feels that the new social service departments can take discharge of ninety psycho geriatric patients from the long stays wards - all these problems have been with us in 1971. The Community Physician of the future will need to keep his interest in mental health and in mental disease to be able to assist the Director of Social Services and the Director of Education with mentally handicapped old and young.



INFECTIOUS DISEASE

The figures show that infectious disease in Birkenhead in 1971 was generally quiescent and presented no serious problems in disease control.

DYSENTERY, FOOD POISONING, TYPHOID, PARATYPHOID

The numbers of food poisoning cases were about the same as in 1970. There were no cases of typhoid reported.

A case of Paratyphoid B was confirmed in a young child at the Children's Hospital. On investigation it was found that the child had recently returned from a holiday in Italy. Specimens were taken from the rest of the family and surveillance maintained until all evidence of infection had cleared. No further cases developed. The Italian authorities were informed of our findings.

MEASLES

There was a welcome fall in the number of notifications in 1971 compared with last year (there being 33 males and 30 females affected compared with 63 males and 57 females in 1969). This may be due in part to renewed public interest in immunisation following the setback in 1969 when one brand of vaccine had to be withdrawn from the market.

INFECTIVE JAUNDICE

The number of cases has risen compared with the previous year. In 1971 there were 32 males and 30 females affected, compared with 29 males and 21 females with infective hepatitis in 1970. Once again, the greater number of cases is in the age group 5 to 9 years.

I am indebted to Miss Harvey, Medical Social Worker at the Chest Clinic, for this report:-

TUBERCULOSISNotifications

38 primary cases of tuberculosis were notified during 1971, a decrease of 5 cases during the year.

Of the 38 cases notified during the year, 2 were posthumous notifications and one other has since died of the disease.

	<u>Primary Cases</u>	<u>Died During the year</u>
Respiratory	34	3
Non-Respiratory	4	-

Mortality

26 patients died during the year, 5 from active tuberculosis and 21 from other causes.

PART III

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease



TABLE OF NOTIFIABLE DISEASES AFTER CORRECTION OF DIAGNOSIS

	1967		1968		1969		1970		1971	
	M	F	M	F	M	F	M	F	M	F
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	4	4	24	20	41	32	-	2	12	10
Encephalitis	-	-	1	-	-	1	1	1	-	1
Meningitis	-	-	4	33	66	8	1	-	7	2
Measles	192	161	930	931	31	17	738	694	32	41
Ophthalmia Neonatorum	-	1	-	-	-	-	1	-	-	-
Paratyphoid Fever	-	-	-	-	2	13	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	38	38	46	32	20	12	17	15	11	15
Smallpox	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	1	-	-	-	-	-	-	-
Whooping Cough	84	111	26	35	9	9	35	33	11	10
Food Poisoning	3	6	4	8	4	4	5	8	7	11
*Infective Jaundice	?	?	28	50	63	57	29	21	32	30

\*Notifiable since 15th June, 1968.

Pneumonia not shown as it has not been notifiable since 1968.  
 Certain diseases with nil return not shown.



# I N F E C T I O U S   A N D   O T H E R   N O T I F I A B L E   D I S E A S E S   1 9 7 1

72

Numbers of all cases of infectious and other notifiable diseases originally notified during the year, and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

Numbers originally notified	Measles (excluding rubella)	Dysentery		Scarlet Fever		Diphtheria		Acute Meningitis		Acute Poliomyelitis				Other notifiable diseases. Specify Disease and Sex but not age.								
		M	F	M	F	M	F	M	F	M	F	M	F	Original	Final							
Total (All Ages)		32	41	14	11	11	15	1	-	7	2	-	-	-	Smallpox	M	F	M	F			
Final numbers after correction:	Under 1 year 1 - " 2 - " 3 - " 4 - " 5 - 9 " 10 - 14 " 15 - 24 " 25 and over Age unknown	4 4 7 7 6 6 - - -	4 4 3 6 4 19 - - 1 -	4 1 2 - 3 2 1 - -	- - - - 10 2 2 - -	- - - - - - - - -	- - - - - - - - -	2 2 - 2 1 - - - -	- - 1 - - - - -	-	-	-	-	-	Ophthalmia Neonatorum	-	-	Anthrax	-	Yellow Fever	-	-
Total (All Ages)		32	41	12	10	11	15	-	-	7	2	-	-	-	-	-	-	-	-	-	-	-
Numbers originally notified	Acute Encephalitis		Lepto- spirosis		Paratyphoid Fever		Typhoid Fever		Food Poisoning		Whooping Cough											
	M	F	M	F	M	F	M	F	M	F	M	F	Numbers originally notified	M	F							



Tuberculosis Register

The Register shows a decrease of 97 during the year, 41 new names were added to the Register, 38 being primary cases and 3 transfers in to the Borough. 138 names were removed from the Register, as follows:-

Through Death	26
Recovered	91
Left Borough	15
Lost sight of	4
Re-diagnosed	2

	Adults	Children (under 15 years)	Total
Respiratory - Male	260	12	272
- Female	222	22	244
Non-Respiratory - Male	23	1	24
- Female	44	5	49
Grand Total - 1971	549	40	589
Grand Total - 1970	644	42	686

20 of the above cases were known to be sputum positive, 12 of this number being new cases and 8 being chronic cases of the disease.

In addition to the 589 patients whose names are on the active Register 955 cases of quiescent tuberculosis attend the Clinic at Hamilton Square and Mill Lane, as follows:-

42 Hamilton Square ... 860  
Mill Lane Hospital ... 95

PREVENTION OF ILLNESS - CARE AND AFTER-CARE

Dr. Merrin, Consultant Chest Physician, continues to carry out examination of tuberculosis contacts at the Chest Clinic at 42, Hamilton Square.

During the year 165 adults and 473 children attended for contact examination. One child contact was found to have active tubercle and 2 children were given preventative chemotherapy.

Of the 473 children who attended, 311 very young babies were vaccinated without heaf test, 2 were X-rayed only and 160 were given a heaf test.

Of the 160 children who were given a heaf test, 9 failed to attend for the reading, 127 had a negative re-action and 24 were positive.

The parents of 5 children refused B.C.G., but a total of 575 children and students received B.C.G. vaccination, as follows:-

122 following heaf test  
 311 very young babies vaccinated without skin test  
 128 child contacts vaccinated at birth in other Hospitals.  
 14 students vaccinated following heaf test

The ratio of contacts per notified case was 11.97.

#### SOCIAL CARE

Miss B.C. Harvey, Medical Social Worker, has her office at the Chest Clinic at 42 Hamilton Square, where, during the year under review 1,365 interviews were held; 943 visits were made to patients at home or in Hospital.

40 families were referred to the Ministry of Health and Social Security for Supplementary Benefit. Claims were made, under the provisions for compensation for industrial diseases, for 12 patients who were found to be suffering from pneumoconiosis and other industrial diseases of the chest, 6 of these 12 patients have died during the year. Financial relief for 4 families was obtained from the National Society for Cancer Relief, and 2 families were helped through the Mayor's War Fund.

The John Lloyd Corkhill Trust supplied free milk to 26 families during the year and cash grants were given for clothing, arrears of rent and payment of gas and electricity accounts. Through the generosity of the Trust more than 100 families received food parcels and toys at Christmas, and 12 patients received convalescent treatment during September. We are grateful to the Social Services Department which provided transport to and from Southport for these 12 patients.

21 applications were made for rehousing; 15 to the Birkenhead Housing Department and 6 to Voluntary Housing Societies. Of these 8 were housed by the Housing Department, 1 patient was admitted to sheltered accommodation in an Abbeyfield Home. 2 young families were housed by the Birkenhead (Methodist) Housing Society and this Society also assisted a married couple in the purchase of their own home.

#### Occupational Therapy

10 Birkenhead patients attended daily at the Annie Glassey Workshop and Home Teaching continued for one session each week.

#### Rehabilitation

3 men were referred to the Ministry of Employment and



Productivity for assessment with a view to their being retained in a suitable occupation. 2 teenage boys were accepted at the Annie Glassey Workshop for a period of rehabilitation before their referral to the Ministry at 18 years.

#### Sheltered Workshops

3 patients continued in their employment under sheltered conditions at the Annie Glassey Workshop.

PRIMARY NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS

Age Period	Under 1	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	TOTAL
Respiratory -																
Males	-	-	-	-	-	-	-	2	1	4	1	3	9	3	1	24
Females	-	-	-	-	-	-	1	-	2	1	1	2	1	-	2	10
Non-Respiratory -																
Males	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Females	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	3
	-	-	-	-	-	-	1	2	3	6	3	5	11	4	3	38

Death Returns from Local Registers      1    (Female aged 84 years) following Posthumous notification

Posthumous notifications

- |   |                      |
|---|----------------------|
| 2 | 1 Female (see above) |
| 1 | Male aged 75 years   |

2    included in the figure of 38 primary Notifications shown above.

SPECIAL CLINIC

Dr.F. Lanceley, Consultant Venerealogist, and his staff hold Clinic sessions at St. James' Hospital on the following days:-

Monday to Friday   ...   2.00 p.m. to 6.00 p.m.  
 Wednesday           ...   10.00 a.m. to 12.30 a.m.

Annual Statistics are:-

<u>Year</u>	<u>Syphilis</u>	<u>Gonorrhoea</u>	<u>Others</u>	<u>Total</u>
1967	24	140	549	713
1968	8	240	666	914
1969	13	290	780	1,083
1970	8	307	787	1,102
1971	9	298	1,068	1,375

VENEREAL DISEASE

The statistics show that over the past five years the incidence of syphilis has remained fairly static, and it is gratifying that the slow rise in the number of cases of gonorrhoea seems to have shown a slight downward trend in 1971. The column marked "others" shows that the incidence of non-venereal and non-specific ureteritis has risen, but some of the increased number of patients attending the clinic came for investigation and did not require treatment. During 1971 a different pattern of statistical return was introduced to clinic; this was rather more detailed and may account to some extent for the higher figures recorded under "others".

It is important to realise that the Clinic at St. James' Hospital sees patients from a wide area and not just people resident in Birkenhead. A breakdown of the figures shows to some extent the distribution of the various venereal infections and conditions.

SEXUALLY TRANSMITTED DISEASESYear Ending 31st December, 1971.

Local Health Authority area of residence of Patient	Totals all conditions		Number of new cases in the year								Other conditions (D1 to D3)	
			Syphilis				Gonorrhoea (B1 to B3)		Other Genital Infections (C1to C12)			
			Primary & Secondary (A1 & A2)		Other (A3toA8)							
	M	F	M	F	M	F	M	F	M	F	M	F
Birkenhead	258	141	—	2	2	1	61	44	80	45	115	50
Wallasey & New Brighton	226	131	1	1	—	—	65	34	80	43	80	52
Cheshire	172	95	—	—	—	—	33	16	65	37	74	42
Lancashire	40	13	—	—	—	—	5	5	10	4	25	4
Others incl. Foreign Countries	188	11	—	1	1	—	30	5	70	5	87	—
TOTALS	884	391	1	4	3	1	194	104	305	134	381	148

The health education campaign against venereal disease continued in 1971 - it was made a little more difficult by the death of our Health Education Officer, Dr. Fergusson, and the fact that Dr. Doyle, the previous Consultant Venerealogist, left in October, 1971. There was a period of rearrangement of work before Dr. Lanceley took over consultant guidance at the Clinic.

When the new Health Education Officer arrives in Birkenhead and Wallasey the subject of venereal disease will be tackled in new ways - particularly will it be important to get the message over to young adults. Early treatment means certain cure - delay may mean misery, but, most of all, to avoid promiscuity is to avoid venereal disease.





## PART IV

### ENVIRONMENTAL HYGIENE

#### INTRODUCTION

#### HOUSING

Inspection

Repair

Legal Proceedings

Work in default

Individual Unfit Houses

Slum Clearance

Rent Act

Improvement Grants

Houses in Multi Occupation

Qualification Certificates

Common Lodging Houses

#### NUISANCES

Offensive Trades

Noise Abatement

#### PEST CONTROL

Rats and Mice

Insects

Pigeons

Disinfection and Disinfestation

#### MEAT INSPECTION

Tranmere Abattoir

Woodside Lairage

Emergency Slaughter

Statutory Provisions

Diseases of Animals

Animal Welfare

## FOOD AND DRUGS ADMINISTRATION

- Ice Cream
- Drinking Water
- Swimming Bath Water
- Food Hygiene
- Unsound Food
- Food Poisoning
- Milk Supply, Sampling and Analysis
- Food and Drugs Sampling
- Consumer Complaints

## OFFICES SHOPS AND RAILWAY PREMISES ACT 1963

- Inspections
- Registrations
- Dry Cleaning Premises
- Hoists and Lifts
- Accidents
- Ventilation and Lighting
- Contraventions

## FACTORIES ACT 1961

- Inspections
- Out Work

## ATMOSPHERIC POLLUTION

- Industrial
- Smoke Control Areas
- Chest Conditions and the Environment
- The Dog Warden Scheme
- Paper: House Improvement and Repair

ENVIRONMENTAL HYGIENE

(Report of the Chief Public Health Inspector -  
C.D. DARLEY, F.R.S.H., M.A.P.H.I.)

STAFF

The year under review saw an increase in the establishment of District Public Health Inspectors by two, the Council agreeing that the amount of work involved in the Borough being sufficient to increase the establishment in this way. This fact has been proven as will be seen in the subsequent report on the amount of work carried out in the Department. It is essential that an Environmental Health Department should be constantly active dealing with not only day to day matters but looking to the future to prevent, wherever possible, any risk to the health of the population of Birkenhead, and in the long term to the needs of the population generally.

The establishment of the Section at the end of 1971 was as follows:-

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 1 Senior Specialist Public Health Inspector/  
Chief Meat Inspector
- 1 Specialist Public Health Inspector (Food and Drugs)
- 1 Specialist Public Health Inspector (Air Pollution)
- 1 Specialist Public Health Inspector (Housing)
- 10 District Public Health Inspectors
  - 1 Senior Meat Inspector
  - 3 Authorised Meat Inspectors (one vacancy)
  - 2 Meat Detention Officers (one vacancy)
  - 1 Technical Assistant (Offices, Shops and Railway Premises Act)
  - 2 Technical Assistants (Air Pollution)
  - 6 Technical Assistants, including one labourer (Pest Control)
  - 3 Trainee Public Health Inspectors (one vacancy)
  - 2 Trainee Authorised Meat Inspectors (two vacancies)
  - 1 Senior Section Clerk
  - 3 Assistant Section Clerks

Whilst it will be seen that vacancies exist insofar as Meat Inspection is concerned I am satisfied that at the present time the establishment of Meat Inspectors is adequate to cope with the through-put at Tranmere Abattoir and duties consequential to the appointment of these Officers. The vacancy that exists as far as the Trainee Public Health Inspectors are concerned arises from the fact that Mr. A.R. Barker, a Trainee in the Department, qualified for the Diploma of the Public Health Inspectors' Education





Board at the Autumn Examinations. He was immediately appointed to the staff to fill an existing vacancy among the District Public Health Inspectors. All of the staff of the Specialist and District Public Health Inspectors, together with the Senior and Authorised Meat Inspectors are statutorily qualified and a number of members of the staff hold additional qualifications to enable them to administer their responsibilities with greater efficiency.

At the present time there is still a dearth of Public Health Inspectors in the areas of industrial conurbations and especially the environmentally depressed areas, and the general trend is for Public Health Inspectors (as in most other professions) to work in the more pleasant residential areas. Despite this fact the Department retained the services of most of the staff during the year and were able to fill the vacancies that arose and it is thought that the reason for this is the varied work, together with the "New Look" that has been placed on the service in Birkenhead. In the administration of environmental health matters modern management has been applied as far as possible, each Inspector taking full responsibility for his District or Specialist functions, whilst the Deputy Chief Public Health Inspector has taken responsibility for routine day-to-day administration. This form of control, new to Birkenhead, has, without doubt, increased the interest of the staff generally and has also enabled them to act with confidence in their particular sphere. The staff have become well-known to the house-holders and occupiers of commercial premises alike on their district and are constantly called in to offer advice instead of, as in the old days, paying statutory visits to premises. However, it is still necessary that statutory visits are paid to certain premises and great strides are being taken towards a general improvement of the town from a Public Health aspect.

The Council agreed to the continuance of the accelerated programme of slum clearance, air pollution control, pest control, food hygiene and house repair and improvement.

## HOUSING

### Slum Clearance

Elsewhere in the report will be seen the vast amount of work that has been undertaken in connection with Slum Clearance and the Specialist Public Health Inspector responsible (Mr.D.J.A. Dorrity) is to be complimented on the work that he has put in to see to the smooth operation of the Slum Clearance Programme. During the course of the year Mr. Dorrity's expertise was used by the Department of the Environment, to whom he was seconded, with the Council's approval, for the purpose of advising on housing standards in connection with a National House Condition Survey.

### Repair

The table in the report will show the vast amount of work that has been required of owners to keep houses in the Borough in a good state of repair and fit for human habitation. Whilst many of the inspections took place because of tenant's complaints to the Department, there is no doubt that much of the work carried out was the result of the District Inspector's observations of

defects during the routine inspection of their districts.

### Houses in Multi-occupation

It is difficult to estimate the exact number of houses in multi-occupation but I have reason to believe that it is considerably more than I first estimated after taking up my appointment in the Borough. Unfortunately, the staff have not been able to devote as much time to houses in multi-occupation as I would have liked but this is the result of pressures of work in other directions. However, it is obvious that many of the very large houses in the town are used for multi-occupation and some progress was made requiring standards to be improved. It is hoped that more owners will take advantage of the liberal improvement grants that are available to up-grade these houses, but in no circumstances must work be carried out either to the detriment or harassment of the tenants.

### Improvement Grants

In the Spring of 1971 I was invited by the Department of the Environment to present a paper to the Meeting of the Representatives of North Western Local Authorities on the Improvement Grant and Other Provisions of the Housing Act, 1969. Furthermore, at a large number of meetings in the Borough I demonstrated the value of Improvement Grants to the audience in the hope that they would take advantage of the 75% grants available for up-grading private property. There was an obvious increase in the number of applications for Improvement Grants during the year but for all of the 12,500 houses which I estimate are capable of improvement in the Borough to be improved this figure must considerably increase during the next year or two.

### General Improvement Areas

No General Improvement Area insofar as private sector housing was declared during the year but constant surveys of the Borough have been undertaken to determine whether such a Scheme would be viable in the Borough. The more I look at the Town the more useful I think that the declaration of a General Improvement Area would be, and progress was made during the year by establishing a multi-disciplinary team of officers to look into the viability of such areas. Provisionally, steps were taken towards the declaration of an area in Tranmere known as the Whitfield Street area involving a little more than 200 houses as the pilot area. The detailed survey for this area commenced at the end of the year. The Council, did, however, take steps towards the Declaration of an improvement area affecting public sector housing for it is equally important that both Council and privately-owned property should be improved to conform to modern standards and amenities.

### Pest Control

Considerable progress was made in the field of Pest Control and much of this must be due to a combination of two factors; that is, the public interest in the considerable work which was undertaken by Mr. J. Glover, the Senior Technical Assistant (Pest Control). He has shown considerable loyalty and been prepared to work at all unusual hours from early morning until late at night

where necessary, but the result of his efforts will be specifically referred to elsewhere in the report.

### Rats and Mice

At the end of 1971 two-fifths of the sewers in the Borough were found to be entirely free of rat infestation and the number of surface complaints was considerably reduced. Mice proved more difficult to control but even there the Department has achieved success.

### Insects

No longer is there a long list of houses in the Borough awaiting treatment and the public are being encouraged to report all insect infestations to the Department to enable effective treatment to be carried out.

### Pigeons

It may surprise the public to know the number of complaints that are received in the Department regarding infestation of birds and particularly pigeons, sparrows and starlings. The Department has carried out treatment for the reduction of numbers on several occasions successfully and this is referred to elsewhere in the report.

### AIR POLLUTION

#### Industry

Industrialists in the Borough are to be complimented on the way that they have responded to visits by the staff following observations or complaints of emission of smoke, grit or dust from chimneys. Mr. F. Graham, the Specialist Air Pollution Inspector, and his staff have carried out most of these observations and have been able to give technical advice most successfully to the occupiers of the premises where contraventions of legislation have occurred. There are now only three or four industrial chimneys in the Borough which produce smoke and it is known that steps are being taken at all of them to reduce cause for complaints.

#### Domestic

The Council's approved Accelerated Smoke Control Programme was progressing satisfactorily to such an extent that before the end of the year I was able to make further recommendations of acceleration to the Health Committee which were approved. It is now the Council's aim that the Borough shall become 100% subject to domestic smoke control. Whilst no firm date has been fixed the aim is that the whole of the town shall be included in a Smoke Control Area before the end of the decade, and I hope this will be done before the end of 1976.

### FOOD STANDARDS AND HYGIENE

There was a considerable increase in the number of complaints regarding the presence of foreign bodies in food or food being sold out of condition; on the other hand there was an increase in



the standard of hygiene in many of the food premises. Whilst these two facts may appear to be somewhat contradictory I think that the former arises as a result of the public being more aware of the action that may be taken following the sale of unsatisfactory food whilst the improvement in standard of premises has arisen as a result of visits by the Inspectorate and again the public have been more discerning regarding the place at which they buy their food. Mr. K. Dick, the Specialist Public Health Inspector responsible for supervision of these duties has kept himself well appraised of the situation in the Borough and has carried out his duties in a most efficient and co-operative manner insofar as both the public and trade were concerned. I still feel that one of the greatest assets to the town from a food hygiene aspect (as well as from a number of other aspects) will be the development of the town centre known as "Grange Precinct", together with the new market hall. The public are anxious, it appears, to have good shopping standards and the occupiers of the new shopping precinct will have every opportunity to display good standards of hygiene and it will be necessary for some of the older premises to be modernised if they are to attract an equal amount of trade.

I referred earlier to the fact that I had been invited to present a paper in the Spring of 1971 on "Improvement Grants and the Housing Act, 1969" to a meeting called by the Department of Environment and a copy of that paper is printed at the end of this report. I also had the privilege of attending the Annual Conference of the Association of Public Health Inspectors and the Conference of the National Society for Clean Air, with the Chairman during which I had the opportunity of not only listening to papers which were of value to me as Chief Public Health Inspector to Birkenhead, but also to discuss matters of common interest with my colleagues from all over the country. The value of these Conferences cannot be under estimated and properly attended are far from the holiday that some people imagine them!

The shortage of solid smokeless fuel led to a suspension of the Council's Smoke Control Orders from December, 1970 to April, 30th, 1971, and the effect of this was felt both in relation to fuel sales and emission of pollution in the Borough generally.

Work for environmental improvement, together with consequent up-grading in health and hygiene is imperative to the town's continued prosperity. In this age when one constantly hears reference to communications perhaps it might be said that there is no person better qualified in communications and public relations than the Public Health Inspector. He operates in a statutory capacity and is responsible for administration of local and national provisions laid down by Parliament. Whilst the work that he carries out may be to the benefit of one person it is often to the detriment of another, but in the long term it is to the general improvement of environmental health standards that the Department aims. The Council have given considerable support in this sphere and I would like to place on record an appreciation of the support of the Chairman and members of the Health Committee and the members of the Council both elected and co-opted. In addition the progress referred to in this report has been made as a result of the efforts of the staff and in making reference to the loyalty and determination which they have shown I must place on record the constant support of Mr. T.K. Ward, Senior Specialist Public Health

Inspector, and Mr. F. Rutter, my Deputy. Also, I should like to refer to the encouragement given me by Dr. P.O. Nicholas, the Medical Officer of Health for the Borough, together with the Town Clerk and his other Chief Officers. This report will indicate some of the work which has been undertaken during the course of 1971:-

#### GENERAL INSPECTION OF THE DISTRICT

The following is a resumé of the general Public Health work carried out within the Borough in 1971.

Number of inspection under the Public Health Acts	15,712
Number of re-inspections under the Public Health Acts	9,192
Number of informal notices served under the Public Health Acts	1,905
Number of statutory notices served under the Public Health Acts	740
Number of statutory notices served under the Birkenhead Corporation Act 1954, Section 52	180
Number of statutory notices served under the Birkenhead Corporation Act 1954, Section 66	Nil
Average number of notices outstanding	800
Number of notices complied with during the year	2,178
Number of defects remedied during the year	4,765

#### Summary of Improvements and Repairs effected

Roofs repaired	519
Chimney stacks repaired	54
Rainwater gutters repaired	274
Downspouts repaired	151
Walls pointed or repaired	320
Lighting improved	3
Ventilation improved	33
Windows repaired	218
Window sashcords renewed	199
Firegrates repaired	29
Hearthstones repaired	2
Floors re-laid or repaired	113
Skirting boards repaired	49
Wallplaster repaired	361

Ceiling plaster repaired	148
Walls and ceilings cleansed	2
Doors repaired	144
Staircases repaired	12
Sinks renewed	28
Sink waste pipes trapped or repaired	94
Dampness remedied	611
Yard surfaces repaired or relaid	40
Yards drained	9
Sufficient water supply provided	114
Drains constructed, altered or re-laid	82
Drains cleansed	443
Water closets repaired	236
Nuisance from animals abated	3
Verminous persons/clothing/premises treated	13
Miscellaneous	459

From the above mentioned summaries if a comparison were made with the previous years it would show a vast increase in the amount of work undertaken in respect of the Public Health and Housing Acts in the Borough. I feel this is the result of having a young, active team of Public Health Inspectors anxious to effect environmental improvements in the Borough. By the Inspectors taking full responsibility for the districts they have more incentive to see that their districts are improved and foster good relationships with the public who keep them informed of any risk of Public Health nuisance that may exist. Obviously, with a larger team of Inspectors still more work might be effected but I am well aware of the fact that the authority cannot provide money for every service at the same time. As a result the programme of environmental improvement must proceed at a steady pace though I shall not rest happily until such time as the Inspectors are able to spend more time foraging for nuisances than they spend investigating complaints by members of the public. The main reason for such a large amount of work needing to be undertaken undoubtedly results from the rapid development of the Borough during and just after the Industrial Revolution. When one realises that in 1810 apart from a Monastery and a few rural cottages the Borough itself did not exist and then compares it with shortly after the First World War when the town had a population probably in excess of 150,000 it necessarily follows that much of the town is getting old all at once. In the past owners of property have always claimed that rents which they receive from their properties were not commensurate with the investment in the property. As a result of the Housing Act, 1969, as will be referred to elsewhere, the property owner may, if his property is in a good state of repair (in accordance with its age, character and locality), claim an enhanced rent, subject to the issue of a Qualification Certificate by the Authority. Owners are thereby encouraged to repair property but never-





Dereliction applies not only in the down-town areas but also in the "best areas of the town".





theless many have been somewhat slow in effecting repairs. Indeed, I wonder at times whether some property owners await the services of the Department, for, having received a notice in respect of defects, they are able to pass this on to a builder to effect repairs. In this way property owners have received a free survey of their property and are also aware that the repairs are essential and not just needed to satisfy the whims of some complaining tenant. In comparing the summary of improvements and repairs effected in 1971 with those of 1970 I find that the only reduction in the amount of work carried out relates to verminous persons, clothing and premises and this seems to be quite appropriate when one considers the effectiveness of the Council Pest eradication Programme. Furthermore, with the closing of the most unsatisfactory common lodging house in the Borough the only remaining common lodging houses have been operated relatively well by the keepers. Much of the repair work carried out, however, relates to dampness, most of it as a result of either rising or penetrating dampness. The Department was, however, called in by the tenant of one private and a number of Local Authority owned dwellings following severe condensation and there is no doubt that this scourge to modern accommodation will be with us for some years to come. It is all too easy to lay blame for condensation on the tenant of a property by saying that the property is not kept warm enough. Whilst this may to some extent be true I have some sympathy for the tenants, many of whom cannot afford to keep the whole house heated for 24 hours a day, 365 days a year. Furthermore, one wonders whether a 13 amp plug is sufficient for providing adequate heat in rooms that are not in constant use (i.e. Bedrooms, bathrooms and halls). I think much of the condensation is the result of modern building practice where hard plaster walls are virtually non-absorbent as are concrete floors surfaced with thermoplastic tiles. Centrally pivoted window sashes present too wide an opening for regular use and the absence of chimney flues themselves lead to inadequate ventilation. These are the factors which in my view contribute to condensation and Architects particularly must pay attention to these points in designing houses for the future if the scourge of condensation is to be avoided.

One of the problems of an accelerated clearance programme is reflected in the general work carried out within the Department. As long as the houses in Clearance Areas are occupied, tenants must be given at least reasonable standards of fitness in those houses. For this reason many of the houses which are in the clearance areas have to be inspected following complaints and it is necessary to require owners of these properties to keep them at least wind and water-tight until such time as the area is confirmed and re-housing is effected. Even then the Department still has a responsibility for unfortunately it is not uncommon for these houses to be vandalised, or occupied by vagrants or occasionally "young hippies", and steps have to be taken to ensure that any nuisance that arise are abated and properties sealed so as to avoid access to unauthorised persons. The Department often have to visit following complaints of accumulation of refuse being deposited in yards of empty houses and I wonder to what lengths the public will go to dispose of refuse illegally? It all seems so pointless when a telephone call to the Borough Engineer's Cleansing Department will frequently obtain the removal of excess refuse from domestic and business premises; similarly, nuisances of accumulations on sites even after the houses have

been cleared have to be dealt with.

### LEGAL PROCEEDINGS

Legal proceedings were instituted under Section 94 of the Public Health Act, 1936, in 15 cases where owners had failed to comply with abatement notices. 8 of the cases were withdrawn owing to the fact that work was done between the time of service and the summons and the date of the hearing, though in one of these cases agreed costs of £10 were awarded to the Corporation. In 5 cases the Magistrates made Nuisance Orders and penalties totalling £32 were imposed in respect of 4 summonses. There was a slight reduction in the number of applications for Nuisance Orders before the Magistrates in 1971 compared with the previous year and it is also significant that more than half of the owners took steps to ensure that work was completed prior to the date of a hearing. I can only presume that they did this because they were very well aware of the Council's intention to pursue full recourse to Law to ensure that tenants were housed in reasonable circumstances. With demands for new houses and the improvement of old houses some owners have found difficulty in having repairs carried out, so they have claimed; however, there are still a reasonable number of jobbing builders who are geared to carry out small jobbing work rather than House Building and Improvements and it is on these few builders that the bulk of the orders for repairs are placed. As most other Authorities have found, however, there is a dearth of small jobbing builders and it appears that quite a lot of work is being carried out by sub-contractors to the main Contractor.

### WORK DONE IN DEFAULT OF OWNERS BY LOCAL AUTHORITY

The Local Authority cleansed the drains at 64 premises where owners had failed to comply with notices served under Section 52 of the Birkenhead Corporation Act, 1954.

The drains at a further 65 premises were similarly cleared at the request of owners and in the majority of these cases the houses were owner-occupied. No doubt the difficulty in finding private contractors to do this kind of work at short notice affects this class of owner to the greatest extent and this probably accounts for the fact that more drains were cleared on request than were cleared in default. The total number of drains cleared during the year was slightly less than in the previous year. The work of clearing drains in private houses is carried out by the Sewerage Section of the Borough Engineer and Surveyor's Department and their continued help and co-operation in this field is appreciated. It seems all too easy to carry out work of clearing drains until one tackles this rather unpleasant work and realises the implications of trying to rod free an obstruction. The untrained man will only cause damage to the drain itself and it is not unknown for him to lose a number of rods in the drain and the Department have, from time to time, been called in to assist the untrained amateur.

Repairs of a general nature were also carried out at the request of owners of at least 10 dwellinghouses increasing the provisions of the Public Health Act, 1936, the items of repair included:-

Repairs to Roofs and Skylights  
 Re-building a Chimney Stack  
 Re-plastering of walls and ceilings  
 Renewal of Rot and Dangerous floors  
 Renewal of Waste Pipes, Gutters and W.C. Pedestals  
 Re-laying of main Drainage Systems

Further repairs to W.C. roofs and walls, paved areas, valley gutters and defective drainage systems were also carried out in default of owners following the serving of notices under Sections 39 and 45 of the Public Health Act, 1936. In three instances it was necessary to request the Magistrates to address Nuisance Orders to the Corporation so that work could be carried out to repair defective roofs and gutters, seal disused drains and to remove refuse from buildings and secure vacant premises. Generally there was an increase in the amount of repair work carried out both in default and upon request and, as in former years, it was necessary for the Director of Architecture, Housing and Works to carry out work of this kind. Whilst some of the work was carried out by the Works Division, some also was placed in the hands of private contractors.

I am indebted to the Director and his staff for their co-operation throughout the year. The cost of work carried out in default is carried by owners of property and during the year 1971 accounts totalling £1013.84. were rendered and this represents an increase of more than 66% by comparison with the previous year. In addition, a further account for £434.61 was received. The extent of this work involved was exceptional, for following a serious road subsidence investigations showed that a branch drainage system was seriously defective and had collapsed; as a result the whole of this system had to be re-layed from the premises to the sewer, and the excavation was considerable in extent and depth.

#### HOUSING ACTS 1957/69

In 1970 the Council transferred responsibility for closing, demolition orders and clearance areas from the Health to the Housing Committee, as a result of which both the Medical Officer of Health and Chief Public Health Inspector make representations to that Committee in respect of unfit houses which are not capable of being repaired.

Repair responsibilities, however, together with tenancy protection measures still lie with the Health Committee.

#### Housing Act, 1957, Sections 17 and 18

#### Dwelling Houses unfit for human habitation

23 Dwelling Houses or parts of buildings used for human habitation were represented to the Housing Committee as being unfit for human habitation and not capable of being rendered so fit at reasonable expense.



During the year the Council made the following orders:-

Demolition orders in respect of 10 houses and 1 temporary dwelling (caravan)

Closing orders in respect of 17 houses or parts of buildings used as dwellings.

Owners of 2 premises submitted undertakings to carry out private works to render certain premises fit for human habitation. As this work appeared to be satisfactory both of the undertakings were accepted.

One house made subject to a Closing Order previously was made fit following approval of works and the Closing Order was determined.

#### Demolition or closing of unfit houses

Following the re-housing of the occupants of 11 dwelling houses not in Clearance areas and one caravan, demolition works were carried out whilst a further 11 dwelling houses or parts of buildings used for this purpose were closed by the sealing of the premises.

20 families, comprising a total of 77 persons were re-housed during the year from premises made subject to either demolition or closing orders.

#### Derelict Houses

Earlier in this report I referred to the problem of derelict houses and their vandalism. From a Housing Act aspect they present a problem when they are in Clearance areas. During the course of the year a number of houses which have become derelict have been included in clearance areas in the hope that this will eventually lead to their demolition. Similarly, some of them have been made subject to either Closing or Demolition Orders. A number of derelict houses have been improved following applications for Improvement Grants and thus this too has contributed to the removal of these eye-sores and possible menace to environmental health. It is hoped, however, that with enhanced Improvement Grants available either private owners or housing associations may take interest in these derelict houses and have them converted to provide either single accommodation or have them properly converted into self-contained flats (subject to Planning and Building Regulation consent), after which they may serve a particularly useful purpose in the Borough. Many people who are ineligible for Local Authority accommodation and unable to purchase their own accommodation, take up residence in this class of property. Furthermore, following conversion the Local Authority are able to recover income from rates whereas when the building is vacant and derelict there is no source of revenue to the Authority at all despite the fact that the owners receive protection of their property from fire and a police aspect and also they receive the benefit of the Local Authority's Sewerage System. Unfortunately, some owners have not shown co-operation towards the improvement of derelict houses and on occasions notices requiring full repair of the property have been served on the owners. It is hoped that



SLUM CLEARANCE. The photograph shows the vandalism and dereliction that can arise in an area as a result of re-housing and demolition of part of the area.



subsequent years will show that owners of derelict property have taken advantage of Improvement Grants and encouragement from the Department to overcome the problem of dereliction.

Housing Act, 1957, Section 42

Clearance Areas

The representation of Clearance Areas proceeded during the year in accordance with the programme drawn up in 1970. This provided for fewer houses than last year in view of the reduction in the anticipated number of dwellings likely to be available for re-housing the occupants. Nevertheless, no fewer than eight areas were dealt with and the details are set out below.

The making of the Order in respect of one of these was delayed to enable further consideration to be given by the Council to the manner in which the site was to be re-developed. Otherwise the statutory procedures were put into effect without delay and it is hoped that the periods during which tenants are forced to remain in these unfit houses will be reduced to the minimum.

Area		No. of Dwellings	No. of Families	No. of Persons
Rodney Street	Clearance Area	24	24	72
Devonshire Road	" "	4	6	19
Greenway Road	" "	3	-	-
Windsor Street	" "	98	99	239
Connaught Street Nos. 1 & 2.	" "	96	96	246
Sefton Road Nos. 1 & 2.	" "	10	9	30
Derby Street	" "	73	72	224
Whetstone Lane	" "	8	6	17
TOTALS:		316	312	847

During the year the Secretary of State for the Environment confirmed the Orders made in respect of the under-mentioned Areas.

The Warwick Street Clearance Area	without modification
The Nelson Road Clearance Area	" "
The Whitfield Street Clearance Area	" "
The Oliver Street Nos. 1-5 Clearance Area	three houses were up-graded
The Mornington Street Clearance Area	without modification
The Garnet Street Clearance Area	" "



The Whetstone View Clearance Area	without modification
The Prices Lane Clearance Area	" "
The Rodney Street Clearance Area	one house was up-graded and two transferred to Part II.

The total number of families to be re-housed from these areas was 440.

In the majority of the Areas re-housing commenced within approximately two months of the confirmation date. Unfortunately the rate at which it continued was not as fast as one would desire. However, it must be remembered that offers of alternative accommodation are frequently refused for a variety of reasons. Although the Housing Department make every effort to meet the requirements of the displaced families the choice is necessarily limited to the vacant properties available at the time. Not infrequently tenants elect to remain in the area in the hope that more suitable premises will become empty.

During the period in which the re-housing of the occupants of a Clearance Area takes place, the conditions deteriorate rapidly and I am aware of the disquiet and frustration felt by those tenants whose re-housing is delayed. As the number of vacant houses increases so too does the extent of the vandalism and wilful interference with the major services such as water supply, electricity supply, gas supply and drainage. Unfortunately, most of these essential services are not supplied individually to each house and damage to the installations in a vacant house will often cut off the service from the adjoining properties.

The power to require repair of houses in confirmed areas is very limited but every effort is made to keep them wind and weatherproof and to maintain the essential services.

Steps are taken to secure all properties as they become vacant but all too often access is repeatedly forced and further damage and potential danger created.

The availability of alternative accommodation was taken into account when the rate at which the Clearance programme would proceed was decided.

It is imperative that re-housing is completed as quickly as possible so that increased hardships can be avoided.

#### RENT ACT 1957

In the report for 1970 I forecast that the Rent Act 1957 would be little used as a result of the Housing Act 1969 coming into operation and this forecast has proved to be correct. For the first year since 1957 not a single application for a Certificate of Disrepair was received and it appears that owners are using the Qualifications Certificate Provisions of the Housing Act 1969 to gain increased rents and special reference to these provisions is made elsewhere in the report. A total of 749 applications were made under the Rent Act 1957 and this is considerably less than the number of applications received under the Housing



SLUM CLEARANCE. Slum Clearance may eradicate unsatisfactory living conditions and derelict buildings but the demolition, itself, may cause considerable nuisance, i.e. dust raised by demolition above.





Act 1969, and this tends to indicate that owners feel that the new legislation is more to their advantage. The question of rents of properties is not one for my direct concern other than to ensure that legislation controlling rents is complied with but since Central Government have recognised that higher rents entitle tenants to better states of repair and higher standards of amenities then it is my duty to ensure that owners who claim enhanced rates have fulfilled their obligations.

### Rent Act 1965, Part III

#### Harassment and illegal eviction

The Chief Public Health Inspector and his Deputy have been the officers appointed to deal with matters arising under the above, and during the year Mr. T.K. Ward, Senior Specialist Public Health Inspector, was similarly authorised.

Complaints concerning 15 premises were received and investigated during the year. In two cases of threatened eviction, disputes over the behaviour of the tenants were involved. All parties were interviewed and their rights and obligations under the Act explained. The tenants eventually left the premises of their own accord. In six cases ill-feeling between landlord and tenant existed. Once again the parties were interviewed and assurances were obtained from the owners that the tenants would be allowed to retain their accommodation. Allegations of harassment could not be substantiated. In one case an overt act of harassment was found and a summons issued against the Landlord. The matter subsequently came before the Magistrates Court and the Landlord was fined a total of £20. In a further instance of alleged eviction the existence of a tenancy could not be proved. In the remaining cases no real grounds for complaint were found but information was being sought regarding the Landlord's right to serve a notice to quit and the protection that exists for the tenant.

It is difficult to know how to publicise a tenant's right of protection from harassment from a landlord. Generally, as the above report indicates, there is very little harassment in the town although one does hear of it in some other parts of the country. At the many public meetings that I have addressed since coming to Birkenhead I have done my utmost to make tenants aware of the protective measures contained in Part 3 of the Rent Act 1965 and I can only hope that by "preaching the gospel" the word will spread. A number of tenants who have complained regarding harassment have been passed on to the Department by the Police Authority and I am grateful to the Chief Superintendent of the Birkenhead Division for his help in this matter. In any case of alleged harassment I insist that my Senior Staff carry out a full investigation and where the complaint is justified that appropriate action is taken.

The situation must be very carefully watched during the course of the next few months where landlords might stand to gain considerable financial benefit by having large houses vacated and improved or vacated and demolished. Generally speaking, however, it is pleasing to report there is so little genuine harassment and I hope this situation will remain although I know it is the Council's



wish that Rent Act provisions shall be stringently enforced.

## THE HOUSING ACT, 1969/71

### Introduction

The Housing Act, 1969 not only enabled Local Authorities to declare Improvement Areas and give grants in respect of certain improvements in dwelling houses but it also allowed for Local Authorities to issue Qualification Certificates enabling owners of property to claim enhanced rents in certain circumstances. Work dealt with under the provisions of this Act is referred to in the following paragraphs but it is pointed out that these provisions are not the only ones contained in that Act; for example, owner-occupiers in Clearance Areas are now under the terms of the Act enabled to receive compensation at market value subject to certain tenancy qualifications, etc. in Clearance Areas. However, the main purpose of the Act is really to effect improvement in the state of property and the environment surrounding the property. The 1971 Act enabled Local Authorities to pay still further increased Improvement Grants to the extent of 75% of the cost of works of improvement up to fixed maxima.

### Standard Grants

124 applications for Standard Grants were dealt with during the year, 58 of these were in respect of tenanted houses and the remainder were from owner-occupiers, Eleven applications were refused on the grounds that the houses in question were not considered to have a life of 15 years. The number of houses which had improvement work completed during the year was 64, and the following amenities were installed:-

Fixed baths in bathrooms	46
Hot & cold water supply to baths	44
Wash hand basins	47
Hot & Cold water supply to wash-hand basins	48
Sinks	11
Hot & Cold water supply to sinks	38
Water closets within the houses	59
Food stores	1

The provisions of the last amenity under the grant provisions was discontinued in 1970 and the one case listed was part of grant-aided work completed during the year but originally approved in 1969.

The total grant paid in respect of the 64 houses was £10,932.62 averaging £170.82 compared with £132 in 1970, and £101 in 1969. As well as normal inflationary influences this figure was also affected by the increase during the year of the proportion of grant to be paid from 50% to 75%.

No doubt as a result of the increase in the numbers of applications for Discretionary Grants and also the 75% maxima liable

to be paid for Improvement Grants I forecast that the number of applications for Standard Grants will reduce during the course of the next two or three years. The reason for this is that it is considerably to the advantage of the owner of the property to fully modernise and improve it by the aid of the liberal grants that may be given. It is also, of course, in the Local Authority's interest for full improvement of property rather than the small improvement of amenities for under the terms of the Discretionary type of Improvement Grant the Local Authority must be satisfied that the house has a life of approximately 30 years, whereas with Standard Grants the Local Authority need only satisfy itself that the property has a life of 15 years.

### Improvement Grants

The year saw a conspicuous increase in the numbers of applications for the Discretionary type of Improvement Grant. This is no doubt due to a combination of publicity by Central Government coupled with the increase in the proportion of Grant Aid from 50% to 75%. I would also like to think that the Department's own Improvement Publicity Programme, through the auspices of Public meetings and the medium of the Press and Radio, contributed to some extent to this increase in the number of applications. During the year no less than 244 applications for Improvement Grants were received, of which 151 (62%) were from owner-occupiers. Each application received necessitates an inspection of the premises by a Public Health Inspector to ascertain whether or not the property has a life of 30 years. This inspection also reveals whether or not the property falls short of the "12 point standard", in which case if it does a schedule of defects is prepared. It is conditional to the award of the grant that these defects are remedied. On only four occasions were applications for grants refused and in each case it was the result of the property being included in the current Slum Clearance Programme.

### Special Grants

These type of grants are available to owners of property in multi-occupation to enable them to improve property to a standard below that which is allowed for by the Discretionary and Standard Grant provisions. There are a large number of sub-standard houses in multi-occupation in the Borough and it is surprising how few applications for Special Grants are received. I would prefer, however, to see more property brought up to the full standard by provision of units of self-contained accommodation than to improve what I still look upon as sub-standard houses in multi-occupation.

### Improvement Publicity Exhibition

The Health Committee agreed to hold a House Improvement Exhibition in 1972 and a large number of meetings were held during 1971 planning the exhibition with the Department of the Environment and a number of commercial organisations from whom great assistance was received.

### Qualification Certificates

Graph 1 on page 98 shows the number of applications for qualification certificates that have been received since the

Housing Act, 1969 came into operation and this gives a good indication of the vast amount of work which was undertaken as a result of that aspect of legislation.

During the year landlords of houses subject to rent control continued to avail themselves of this legislation. In order to be eligible to apply to the Rent Officer for a fair rent to be fixed the landlord must first obtain a Qualification Certificate which states that the house in question has all the modern amenities and is, moreover, in good repair "having regard to its age, character and locality".

In 1971 there were 655 new applications, slightly more than in 1970. Each application necessitated an inspection of the property concerned. Unfortunately we found that landlords continued to apply for houses which were not up to standard; in fact only 72 houses were found to be satisfactory. This meant that 89% were either refused or else had the Certificates withheld until such time as specified works had been carried out to bring the houses up to standard. As was the case in the preceding year a large number of inspections had to be carried out at premises which had previously not come up to standard and for which the landlord was re-applying, having had repairs carried out. Unfortunately, many of these were still not satisfactory, necessitating further correspondence and inspection. However, a further 178 certificates were issued as a result of these efforts.

Members of the Inspectorate involved in this work have been surprised by the high proportion of houses which do not come up to the standard required, often to the extent of necessitating complete refusal for houses in a very poor state of repair (68 premises in the year) and even lacking all the amenities (34 premises). This has led to a great deal of conjecture as to the reasons for this. It would seem that there is no one single explanation but the following reasons are suggested.

That many owners are surprisingly quite unaware of the state of the property which they own. I find this quite inexcusable as the statutory form of application for a Qualification Certificate sets out conditions which the applicant must study and sign when applying for the Certificate. In too many cases it appears to me that application forms are completed by applicants who have not visited the premises to ascertain whether the conditions shown on the form are correct or to determine whether the property is in a proper state of repair. My reason for believing this to be a question of fact is that not infrequently applications have been made when all of the amenities demanded at the property are not provided (e.g. absence of a hot water supply or an indoor W.C. compartment).

In the case of Estate Agents it has been suggested that a Schedule of Defects prepared by me carries a great deal more weight with the owner than if a similar list were prepared by the Agent. If this is the case I can only take it to be a compliment of the work that both staff and I carry out in connection with housing in the private sector. In the case of refusals to issue Qualification Certificates because of major defects, Estate Agents have also asked to meet my staff at the premises in order that an appropriate schedule of work may be prepared to enable works to be



carried out to remedy the defects, thus enabling them to claim the enhanced rents. Some of the applications, however, appear to have been motivated by "hope rather than expectation".

### Provisional Qualification Certificate

These are certificates which are given for houses which lack some, or all, of the basic amenities and what it means is that the certificates enabling an enhanced rent to be claimed does not come into effect until the full standard amenities have been installed. Very often these provisional qualification certificates are usually combined with applications for Standard Grants, but despite the financial encouragement to owners of property the response has been very poor, only 19 applications for this class of certificate being received during the year. This figure is even lower than that for the preceding year when the figure was 23.

### General

There are no compulsory powers enabling Local Authorities to demand improvement of dwelling houses except insofar as a tenant may require the Local Authority to serve a notice of a compulsory improvement of a property when the owner has himself refused to improve it following the tenant's request. The disadvantage of this provision is the fact the the Local Authority may be required by the owner to compulsorily purchase the property. It is not always to the advantage of the Local Authority, though, of course, there is no reason why having purchased the property and improved it they should not then re-sell it. This, however, is a matter of Council policy and not a matter of Public Health significance. However, it is felt that if compulsory powers of improvement were available to the Local Authority in respect of any premises then still more improvement of property could be expected. My own belief is that Local Authorities must resort to the service of notices under Section 9 of the Housing Act, 1957 either on owners of tenanted property or owner-occupiers requiring them to bring the houses up to a full state of repair, and at the same time wave a "blank cheque" in front of them advising how they can obtain a contribution towards the work of improvement and repair if the property is brought up to the full state of repair and amenity.

The undermentioned table shows the number of applications for Qualification Certificates which have been processed in the Department.

#### Applications received during 1971

Sec. 44 (1)	655)	674 (includes 22 second applications)
Sec.444 (2)	19)	

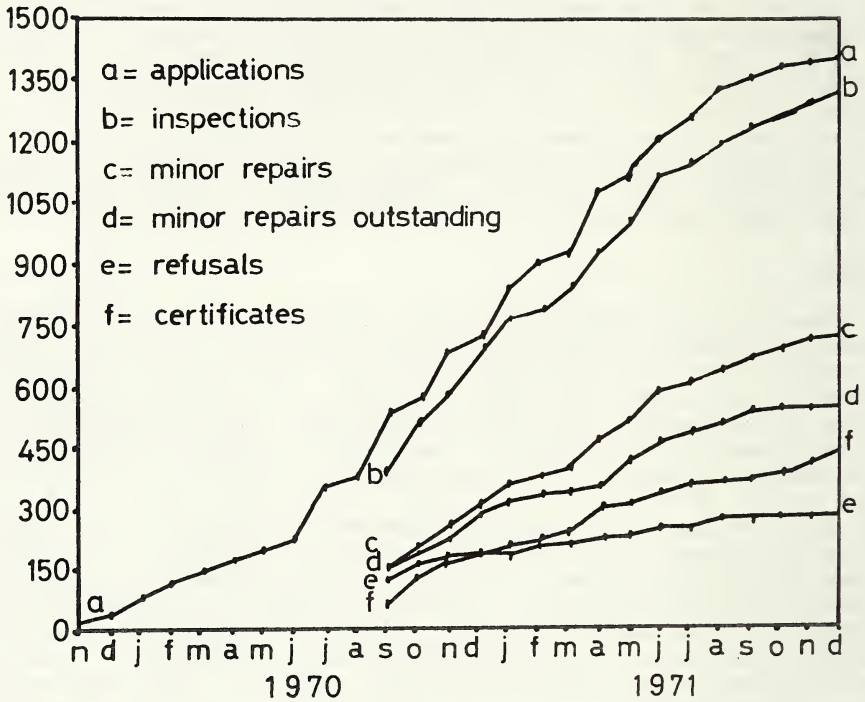
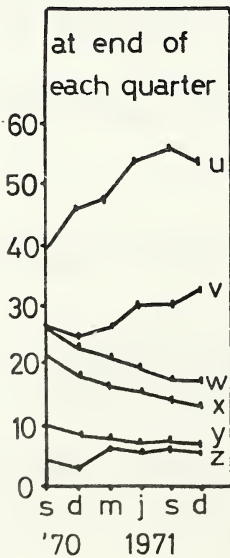
No. of applications withdrawn during year - 56

No. of Certificates refused during year - Repair only	68)	102
Repair -Amenities	34)	

#### No. of Certificates issued during year

Sec. 45 (2)	250	(178)after completion of "minor works")
Sec. 46 (1)	18	
Sec. 46 (3)(4)	8	



HOUSING ACT 1969QUALIFICATION CERTIFICATESTotals%

u=minor repairs    v=certificates  
 w=certificates - no repair needed  
 x=refusals(repair)    y=refusals(amenity)  
 z=void

No. of Certificates withheld pending "minor works"	-	530
No. of applications under consideration at 31.12.71.	-	71
Total No. of Applications received	Sec. 44 (1) 1347) Sec. 44 (2) 45)	1392 (Inc. 28 second application)
No. Inspected	-	1321
No. at qualifying standard on 1st inspection	-	234 (17.6%)
No. refused - repair	-	192 (14.6%)
repair and amenity	-	92 ( 7.0%)
No. requiring minor repair	-	724 (55.0%)
No. of "minor works" completed	-	194
No. found to be already regulated and therefore void	-	79 ( 5.8%)
Total No. of Certificates issued		
Sec. 45 (2)	399	
Sec. 46 (1)	29	
Sec. 46 (3)(4)	8	
Total No. of tenants submitting objections	-	339 (25.7%)

#### HOUSING ACTS 1961/1969

##### Houses in multiple occupation

A house in multiple occupation is legally defined as a house which is occupied by persons who do not form a single household. The most common example of this is found in the older parts of the town where there are large houses in which the rooms have been allocated in ones, twos or threes to separate tenants who use a common entrance, use common hallways, passage and staircases and who share bathroom and water-closet facilities. In the worst examples of these houses the parts used in common tend to become dirty and neglected in that no one person accepts the responsibility of maintaining it in a clean condition. The neglect often overflows to front and rear gardens which develop into rubbish-strewn wildernesses, to the dustbin area which becomes untidy and unsightly and to the boundary walls which gradually disintegrate. One house like this can start off the decay of a road and eventually of a whole neighbourhood. The population of such a house tends to change frequently and occasionally cases of overcrowding may be found.

The required standard of lighting, ventilation, water supply, washing facilities, water-closet accommodation, storage, preparation and cooking of food, and space-heating may not be met, with consequent inconvenience and discomfort to the residents.

Arrangements have been made to inspect all houses in multiple occupation in order to oblige owners to bring them to the required standard, and during the year over three hundred visits were paid

to such houses. Attempts are being made to persuade owners to convert these large properties into self-contained flats and to bring to their notice that they may apply for special grants to do such works of conversion.

## PUBLIC HEALTH ACT 1936

### Common Lodging Houses

The one remaining Common Lodging House has been kept in a satisfactory manner but due to age and ill-health the registered Keeper was not able to maintain the standards of previous years.

The need for more accommodation of this kind remains acute. The hopes expressed last year that additional premises might be provided by a voluntary organisation, unfortunately, did not materialise.

Vagrants continue to "sleep rough" in completely unsatisfactory conditions. Often vacant houses are so used and serious nuisance to the occupants of adjoining properties is created. Absence of a water supply and sanitary facilities in the empty premises has obvious results and in addition the risk of fire is a constant worry to the neighbours.

Even with the advancement of Social Services over the last few years there still appears to be a big demand for the provision of common lodging houses. They seem to meet the needs of a peculiar class of individual who, whilst not adjusted to live in a normal society, have no wish to live in Council hostel accommodation. As a result the occupants of common lodging houses, whose ages vary from 30 to more than 90 years of age, still seek out this type of accommodation where it seems they build up some peculiar spirit of comradeship which they are unable to find anywhere else. No doubt the thing that appeals to them most of all is the fact that they are able to retain all of their own pension or earnings and buy and prepare their own food and live in a peculiarly "closed" and yet "open" community. It appears that another house in the town is falling into the classification of premises of a common lodging house and observations are being carried out in order to see whether proper registration is necessary.

### Offensive Trades

No new offensive trades were established during the year. Routine inspections are made from time to time of the existing premises and conditions were found to be satisfactory. No problems have been encountered this year in respect of the transport of offensive materials from the docks. The adoption of Bye-laws controlling the removal through the streets of offensive or obnoxious matter has ensured the use of suitable lorries and the co-operation of the firms concerned has been given at all times.

### Caravans

There are no licensed sites and of the two caravans known to be occupied on unlicensed land one has been removed following the commencement of proceedings under the Housing Act, 1957.



NOISE ABATEMENT ACT 1960

Noise is one of the most complex problems that a Public Health Inspector has to deal with for so frequently there is no ready-made or immediate cure available. It is also a relative matter in that whilst a noise may be offensive to one person it is inoffensive to another and whilst the Borough is not particularly suffering as a result of aircraft movement perhaps this forms to illustrate what I mean when I describe it as "relative". For example, sitting in an aircraft travelling at many hundreds of miles per hour the noise of an aircraft engine is most refreshing, particularly during the period of take-off and landing when it appears that the greatest risk of accident arises. However, to the person living in the flight path of an aircraft the noise is not refreshing; it is intolerable, and I often wonder how many people think of this as they partake of this form of transport for their summer holidays. Another example is that of the employee in industry who is always happy to hear the sound of machinery for it indicates to him that the factory is in full employment, whereas a silent machine may be environmentally to the advantage of the nearby resident but is anything but advantageous to the employee concerned. We live in an age of ever-increasing noise as a result of mechanisation or the peculiar process of publicity. For example, the pneumatic drill has certainly reduced much of the labour of taking up road surfaces but is a constant danger to the operator of the machine for he may suffer from industrial deafness as a result of its constant use (mufflers are often so readily available but so rarely used). No doubt the "Disc Jockey" in the Discotheque will suffer from industrial deafness in time for often one finds that these people operate seven nights a week whilst their clients, (so called dancers), only have to tolerate the noise level once per week. The rythum to which they dance may excite them but indeed the music is often at a level louder in its intensity than one would tolerate from a pneumatic drill. I also feel sorry for the parents of children who are constantly badgered by the ringing of peculiar chimes and bells by Ice Cream vendors even when one would imagine the children are being put to bed. I have asked the staff particularly to remind Ice Cream vendors of their obligations to cease these chimes at 7 o'clock in the evening and hope that our intimations in this direction have borne some fruit.

I welcome the increasing awareness of the need to control noise nuisances which is being shown by members of the public. Unfortunately, the nature of these nuisances is such that ready-made or immediate cures are seldom available.

Observations, perhaps over prolonged periods, must be taken and discussions held with management and machinery manufacturers. Modifications on a "trial and error" basis are often the only way in which the best means of reducing the noise can be ascertained. This applies particularly to those nuisances that arise in industrial and commercial premises. The general tendency towards increased mechanisation results in new and often larger plant being installed. Where such premises are already established adjacent to, or within, residential areas, problems almost inevitably arise. The time has passed when members of the public generally were prepared to accept nuisances from noise arising from industrial or commercial processes on the grounds that they provided employment



for themselves or their neighbours.

The provisions of the Act limit any remedial action that can be taken to "the best practicable means"; not frequently this reduces the improvements that can be effected, although the fullest co-operation is received from the majority of the firms involved. As far as the introduction of new businesses is concerned it is, in my opinion, imperative that greater attention is given at the planning approval stage, to the possibility of noise nuisance being created. This would enable any necessary precautions and controls to be incorporated in the proposals and the creation of nuisance precluded.

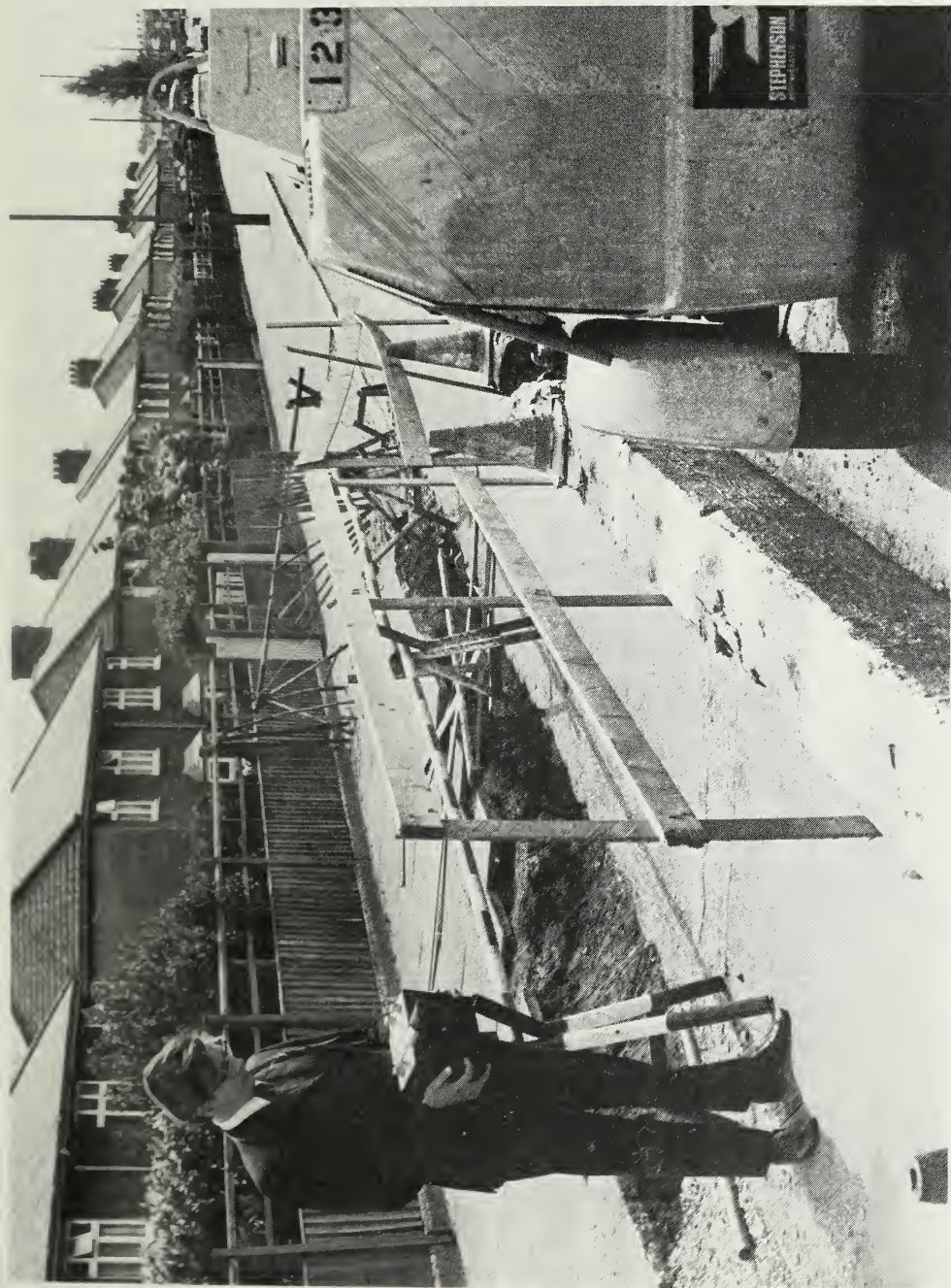
During the year 113 complaints were received and investigated. They related to 40 alleged noise nuisances and in 26 of these cases the complaints were found to be justified. The majority occurred in industrial or commercial premises. Measures taken to reduce the noise levels included the over-hauling and repair of machinery, modifications to plant and machinery foundations, isolation of the noise source from the buildings by the use of flexible connections and additional sound-proofing of the buildings themselves. In most cases satisfactory improvement was effected.

Past efforts to ensure the regular use of mufflers on all pneumatic tools showed encouraging results but there were still 5 instances in which the Inspectors found that such precautions were not being taken. These included one or two occasions when it was discovered that the mufflers were available on the site but the operators had neglected to fit them.

Once again, nuisances of a short-lived nature were caused by the use of heavy mobile machines engaged on roads and other re-development work. Occasional night work at certain premises gave some trouble but a more serious position existed at a factory where regular night shift working is carried out. This complaint is of long-standing and although the firm continued with their efforts to minimise the noise, some disturbances to local residents will be caused as long as the night working continues.

A further nuisance which led to particularly strong protests being received resulted from the installation of a car washing and drying plant at a Petrol Filling Station. Although certain remedial work and modifications were put in hand, the position remained unsatisfactory and further action is to be taken. The installation of similar facilities at Filling Stations is likely to increase in number. Many of these sites are situated near to residential properties and unless the precaution and controls referred to earlier in this report are implemented further problems seem inevitable.

Although traffic noise is not covered by the Noise Abatement Act it is undoubtedly a growing problem which is seriously affecting the living conditions of more and more people. With the impending opening of the new Mid-Wirral motorway it was felt that information about the existing noise levels in the residential areas adjacent to the M53 would be valuable. Existing noise levels were, of course, related to the peak hour commuter traffic and due regard was has to this factor. Six sites were chosen along the line of the new road and with the co-operation



NOISE ABATEMENT ACT, 1960. Public Health Inspector carrying out operations to determine the noise level from a compressor.





of the police and the Civil Engineers a survey was carried out over a number of weeks. Some additional equipment was obtained for use with the Department's sound level meter and readings during the morning peak periods were recorded at each site throughout November and December. It will now be possible to ascertain whether any significant increase in noise levels can be attributed to the new road.

#### BIRKENHEAD CORPORATION ACT, 1881

##### Section 90 - Pig Keeping

Building development in the town has reduced the area of available farm land, and, as a consequence, the number of farm animals kept. In the last seven years the number of registered pig-keepers has fallen from twentyfive to five. Of the five pig-keepers at present on the register only two actually kept pigs during the year under review.

#### PHARMACY AND POISONS ACT, 1933

The Department is responsible for the issue of licences to persons other than pharmacists who sell by retail those poisons set out under Part II of the Poisons List.

New Licences issued during the year:	1
Licences renewed during the year:	81
Number of inspections of shops:	87
Number of Licences deleted:	9

#### THE RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

No premises are licenced for the manufacture of Rag Flock in the Borough but three premises are registered for the manufacture of new upholstery.

In November, 1971, new Regulations came into operation which brought further filling materials within the scope of the Act. These materials are:

- i) Rubberised hair and fibre
- ii) Rubberised or resin bonded felt
- iii) Cellular rubber and cellular plastics crumb
- iv) Wood shavings, sawdust and wood wool

None of these new materials was found to be in use in Birkenhead. Eight samples of other materials were taken and submitted to the prescribed Analyst. The materials were Cotton Felt, Rag Flock (3 samples), Coir Fibre, Hair Mixture and two toys containing soft filling materials. All samples passed the prescribed tests.

#### BIRKENHEAD CORPORATION ACT, 1954

##### Register of Barbers and Hairdressers

New Registrations during the year:	11
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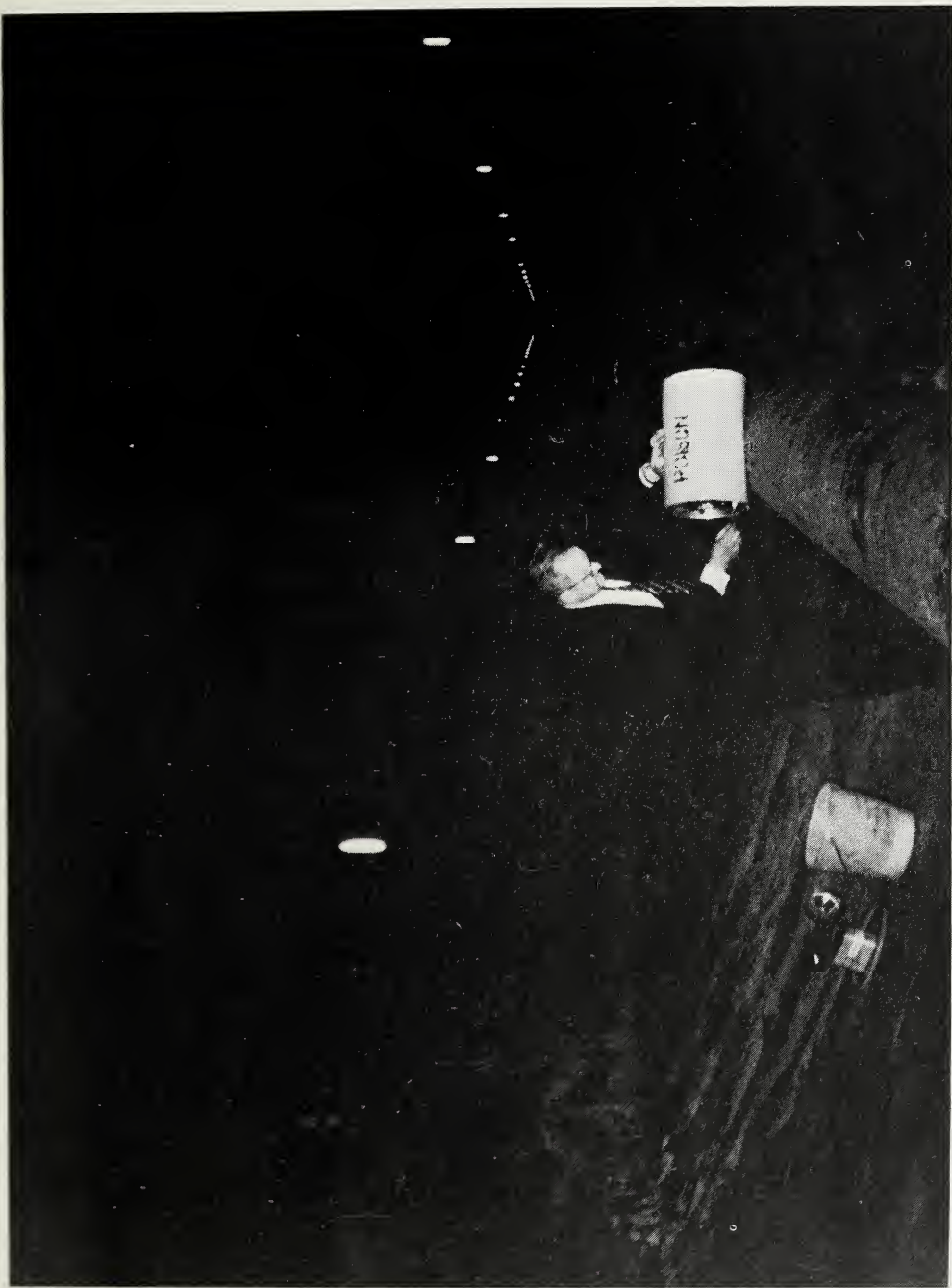
Number of registered premises at the end of the year:	198
Number of visits to hairdressers' premises:	62

The value of the registration scheme and bye-laws under the Private Acts of Parliament cannot be over-estimated for it gives the Local Authority some form of control over these premises which deal so much with matters of personal hygiene. It seems quite odd to me that a person is prepared to go into what are sometimes most unsatisfactory-looking premises for hairdressing purposes when they demand so much in the way of normal standards of hygiene themselves. I am appalled to see hairdressers' premises at which so often sterilisers are not used and towels and covers are obviously cleaned only when they have got so dirty that they must be laundered. My own observations tend to show that the only cleaning of a comb at male hairdressers' premises is for it to be tapped on the table on which it rests before use and the occasional blow upon the clippers again seems to satisfy some hairdressers' views on sterilisation. It is difficult to administer the bye-laws which are in operation at present, as a result of which I suggested to both the Guild and Federation of Hairdressers that we hold a joint meeting when points of hygiene could be discussed. Regrettably, despite the fact that I was prepared to give my time to talk to the members of the organisation, neither parties showed interest in attending such a meeting, the excuses being that many of the Birkenhead hairdressers were members of neither the Federation nor the Guild. This, I think, is unfortunate and if it means increasing the standard of hygiene then the sooner they become members of the Guild or Federation the better! It certainly seems strange that a person without basic training in matters of personal hygiene can carry on business as a hairdresser or barber exposing the public, in my view, to considerable risk of infection or infestation. It may be that before very long the Council will have to be recommended to institute proceedings against the occupier of one of the unsatisfactory premises though I would wish to avoid doing this if at all possible. I do not wish to say in these comments that all of the hairdressers in the Borough are the same - I cannot help but feel that there are an awful lot that need to improve their standards immediately.

## EXTERMINATION OF PESTS

### Rats and Mice

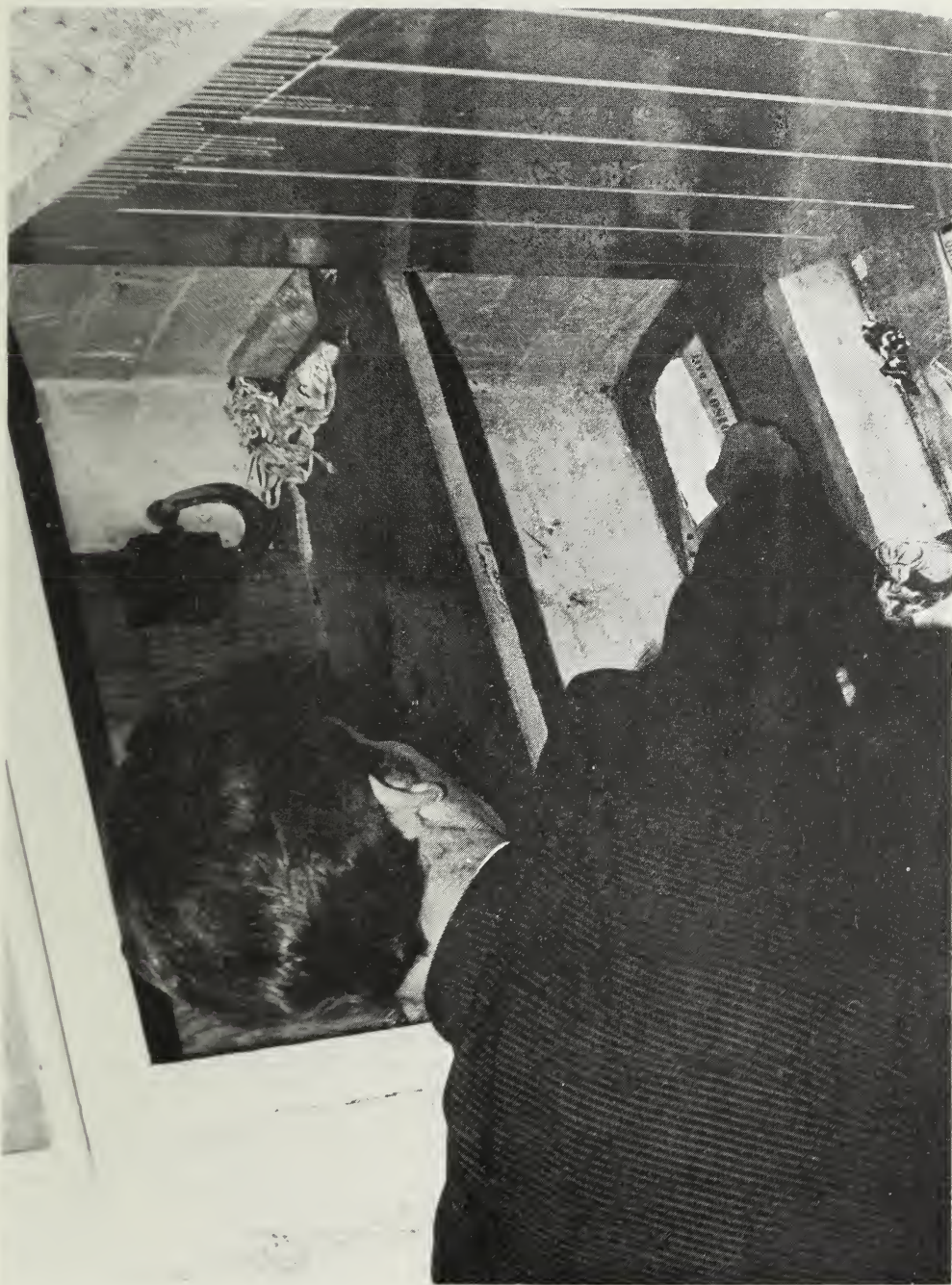
The last annual report referred to the re-structure of the staff in the Pest Control Section of the Department, together with the new staff appointed. Mr. J. Glover, the Senior Technical Assistant, Pest Control, has shown a considerable amount of enthusiasm and aptitude for his work, not only developing a wide interest in the work but also showing a clear understanding of his supervisory duties. The plan of infestation has included the areas of the Borough which were subject to the greatest infestation problems enabling the assault on pest eradication to proceed in a proper manner and by the end of the year considerable progress had been made. Both surveys and numbers of complaints received indicate that there is a vast reduction in the number of rats in the Borough.



PREVENTION OF DAMAGE BY PESTS ACT, 1949. Control of rats in subterranean passages of the Mersey Tunnel.







PREVENTION OF DAMAGE BY PESTS ACT, 1949. Control of mice in domestic premises by use of anti-coagulants.





Mice still prove difficult to eradicate but alternative poisons are proving to be effective. Bird pests too have presented a problem. In all the work of pest control the highest degree of co-operation possible has existed between the Department and representatives of the Ministry of Agriculture, Fisheries and Food who have always made themselves available to assist in any particular problems. Official and Refresher courses arranged by the Ministry of Agriculture, Fisheries and Food have been of great benefit to the staff of the Department and the Wirral Pest Liaison Committee enables a high degree of co-operation between authorities within the area. Whilst the Council provides a free service to domestic properties insofar as most pests are concerned (though not all) they are also available on payment of an appropriate fee to commerce and industry and the service given in this direction has proved a valuable source of income to the Department.

### Rats and Mice

#### (a) In Sewers

Sewer treatment is proving to be highly successful using 3% Fluoracetamide. Having cleared two-fifths of the sewers in the Borough of rat infestation these areas are entirely surrounded by baiting points in manholes so as to prevent any risk of re-infestation. Now that progress is really being made and results are so promising I am prepared to forecast that it will be possible to eradicate rats from all the sewers in the Borough at the end of 1975 if the present rate of progress continues.

#### (b) In Surface Premises

A vast number of visits have been paid by the staff during the year to all classes of premises from houses to large factories, offices and hospitals. The Department now uses any one of a dozen different poisons dependent upon the location and source of the infestation and whilst difficulties arise in some cases owing to the age and locality of the building, nevertheless considerable success has been achieved.

#### (c) Insect Pests

The staff not only received complaints from the public insofar as Insect Pests are concerned but also carried out inspections of houses immediately before tenants removed from the Clearance Areas. In the event of disinfestation being necessary the work is carried out before the tenants move so that there is no risk whatever to new Corporation owned property becoming infested. This prevents the establishment of reservoirs of infestation on Council Housing Estates.

#### (d) Bird Control

The beginning of the year (January) saw quite an unusual problem as a result of a massive migration of starlings on to the island in Birkenhead Park. It was unusual in that it was estimated that there were  $1\frac{1}{4}$  million starlings roosting in trees on the island overnight spending their day in the surrounding area and returning the next night. At first it may seem that such a migration was of little Public Health significance but within the matter

of a few days the droppings on the island were no less than 18" deep and most of the fish in the surrounding lake were killed as a result of the faecal pollution. Furthermore, branches of healthy trees no less than 12" diameter were broken off by the sheer weight of the birds. The staff were called upon to act and quick researches led me to believe that the starlings might be frightened away, and that the use of drums, cartridges and children's fireworks might prove to be effective. After three nights of concerted action (much to the entertainment of many of the public) the large flock of birds split up; the smaller flocks into which they were divided moved to other parts of the town and they too were broken up by similar action until eventually there was no nuisance. The continuance of birds roosting in this manner could well have provided a serious Public Health hazard and the way that the fish were killed by the pollution indicates the need for proper sewage disposal schemes instead of discharging crude, untreated, sewage into the River Mersey.

Further steps were also taken to reduce the population of Feral Pigeons in the area and in addition to individual treatment being carried out in different parts of the town a combined treatment was carried out in co-operation with Wallasey Borough Council and the Mersey Docks and Harbour Company. This treatment resulted in not less than 2,000 pigeons being removed and whilst it may seem to be a large number an investigation of the number of birds about the town indicates that such treatments are really necessary. Many of the pigeons are diseased and starving and carry with them both mites and fleas and their nesting habits frequently lead to serious damage to houses and buildings as a result of an obstruction of gutters, rain water pipes and chimneys and other damage to brick work.

#### e) Disinfection

The contents of 10 houses and 11 bundles of clothing were disinfected.

#### General

The following summary indicates the vast amount of work which was undertaken by the Pest Control Section in the year 1971:-

Treatment of rats on complaints	332
Re-visits for treatment of rats	1,328
Treatment of mice on complaints	468
Re-visits of mice for treatment	1,848
Rats still under treatment	28
Mice still under treatment	32
Rats on Quarterly "Business Premises"	20
Mice on Quarterly "Business Premises"	64
Insects on Quarterly "Business Premises"	22
Sewers treated with Fluoracetamide	7,845
Sewers test baited with Rusks	336
Sewers found free of rats	2/5
Premises treated for fleas	240
Premises treated for bugs	116
Premises treated for cockroaches	111
Premises treated for wasps	103
Premises treated for other insects	422

Inspection and pre-baiting of empty houses prior to demolition per the Ministry of Agriculture, Fisheries and Food	786
Inspection of premises prior to removal	260
Inspection of premises prior to development	53
Inspection of premises prior to demolition	1,090
Number of dirty houses cleaned	11
Inspection of premises for pigeon complaints	42
Number of pigeons caught on treatment	2,852
Inspection of premises for fox complaints	15
Treatment for eradication of foxes	9
Inspection of premises for insects	891
Sewer swabs for Analyst	9
Number of patrols for dogs, per Road Traffic Act, 1960	189
Number of prosecutions	3
Number of fines	3
Number of warning letter per CPHI	10







Spraying to eradicate infestations by fleas, bugs and cockroaches is everyday occurrence.







The work of pest control involves handling offensive pests and the photograph shows a wasps' nest twice the size of a rugby ball which was destroyed after treatment.





## MINISTRY OF AGRICULTURE, FISHERIES AND FOOD

## ANNUAL REPORT ON RATS AND MICE

Prevention of Damage by Pests Act 1949

YEAR ENDED 31ST DECEMBER, 1971PROPERTIES OTHER THAN SEWERS

1. Number of properties in district
2. a) Total number of properties (including nearby premises) inspected following notification  
b) Number infested by   i) Rats  
  ii) Mice
3. a) Total number of properties inspected for rats and/or mice for reasons other than notifications  
b) Number infested by   i) Rats  
  ii) Mice

TYPE OF PROPERTY	
NON- AGRICULTURAL	AGRICULTURAL
53,031	8
1,368	
392	
682	
322	
66	
132	

SEWERS

4. Were any sewers infested by rats during the year?  
(Tick as appropriate)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SURFACE PROPERTIES AND SEWERS

5. Any other points of interest?

(You are invited to report here any rodent control difficulties you have had, or any new techniques you have introduced which have led to improvement in rodent control in your area, or any other item which might be of value to other authorities.)

The report of the previous year referred to the re-organisation of pest control services in the Borough. A plan showing the sources of infestation was prepared and this was of inestimable value in determining which areas of the Borough were deserving of the most attention in so far as their treatments were concerned. The Borough was divided into five districts and the first of these districts was cleared of rats entirely in 1970. The year 1971 saw the sewers in a second area free of infestation and no re-infestation took place in the first area. Fluoracetamide was the poison that proved to be effective in sewer treatments.

The result of clearing 2/5ths of the sewers in the Borough was reflected in surface treatments for whilst some 200 surface complaints had been received in that area in the previous year, only 31 premises became infested during the year under review. This indicates that the major source of rats in the past has been from the sewers in the districts. Progress will continue in eradicating rat infestations from the sewers.

Joint meetings were held with adjoining Authorities, both British Railways and the Mersey Docks and Harbour Company, to ensure full co-operation of all statutory undertakers in respect of rodent control.

These meetings were thought to be imperative if re-infestation of the area was to be prevented from adjoining areas. A concentrated programme of pest control was also carried out in a number of commercial buildings in the town centre and results were highly successful. No persistent rat infestations were observed during the year and live rats caught in the area showed no resistance to Warfarin. Mice continue to prove difficult to control with this poison but some mice show no resistance to other anti-coagulants or poisons as a result of which long standing infestations exist in the town.

The pest control services of the Borough are available on payment to commercial undertakings in the town whilst free service exists for domestic premises.

The effectiveness of the re-organised pest control programme may be seen by making a comparison of the figures for infested premises in this year's annual report with those of the year 1970. There has been a 20% decrease in the number of rat infested premises although the number of mouse infested premises has increased slightly. I do not feel that this increase is the result of difficulty in eradicating but instead the result of more reports being received from the public as a result of the improved service.

Co-operation of the Regional Pest Control Officer and his staff is greatly appreciated and the Liaison Pest Committee meetings proved to be most valuable as a source of exchanging of information.

The types of poison in use in the Borough now cover a very wide spectrum and the class of poison selected is dependent upon the class of premises undergoing treatment.

Success in the Council's eradication scheme is being achieved as a result of the Council's agreement to suggested re-organisation of this section of the Department and is also the result of the enthusiasm which the pest control staff have shown in their work of eradication. The team are also supported by the administrative staff who have worked unflinchingly to see to early attention to complaints of the public.

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MEAT INSPECTION

The number of animals slaughtered for human consumption in the Borough has again diminished, in sharp contrast to the figures of 20 years ago. It should be pointed out that at the present time there is only one active Abattoir whereas there were quite a number in 1950 which were operating daily. The standard of animal health, however, as seen in the Abattoir has considerably improved and the ratio of sound to unsound meat has widened still further as one would always wish. To me, however, it seems unfortunate that with an Abattoir so close to the largest Lairage in the United Kingdom that more trade does not find its way into that Abattoir. It certainly does not operate to capacity but perhaps there will be further improvements in the through-put in the years that lie ahead. An inspection of the Abattoir unfortunately reveals, however, that it does not comply with the Export Slaughtering requirements of the E.E.C. As a result animals may be slaughtered for home consumption only.

There has, however, been a very considerable improvement in the way that the premises have been run and this, no doubt, is the result of the occupiers' improved management, together with the staffs demand for higher standards.

The principal Acts and Regulations which enable the Meat Inspection Staff to exercise its powers of inspection and to maintain supervision of meat supplies are:-

Birkenhead Corporation Act, 1954  
 Food and Drugs Act, 1955  
 Slaughter of Animals Act, 1958  
 Slaughterhouses (Hygiene) Regulations, 1958  
 Slaughter of Animals (Prevention of Cruelty) Regulations, 1958  
 Food Hygiene (General) Regulations, 1960  
 Food Hygiene (Docks, Carriers, etc.) Regulations, 1960  
 Meat Inspection Regulations, 1963  
 Slaughterhouses (Hygiene) (Amendment) Regulation, 1966  
 Meat Inspection (Amendment) Regulations, 1966  
 Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966  
 Meat (Sterilisation) Regulations, 1969

MEAT INSPECTION REGULATIONS, 1963

During the year a total of 31,216 animals were slaughtered within the Borough :-

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
1971	4,917	5	18,306	7,988

All were subjected to ante-mortem and post-mortem inspection. The following represents a summary of the results of the post-mortem inspections of the various classes of livestock:-



	Cattle	Calves	Sheep and Lambs	Pigs
Number slaughtered	4917	5	18306	7988
Number inspected	4917	5	18306	7988
All diseases except Tuberculosis and Cysticerci-whole carcasses condemned	7	2	44	40
Carcases of which some part or organ was condemned	1669	-	6206	3021
Percentage of the number inspected affected with diseases other than Tuberculosis and Cysticerci	34%	40%	34%	38%
Tuberculosis only-whole carcasses condemned	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	2	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	.0004%	Nil	Nil	Nil
Cysticercosis - Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil

Weight of condemned carcasses and portions - 7 tons 14½ cwts.

Weight of condemned offal and portions - 19 tons 2½ cwts.

The number of animals slaughtered at Tranmere Abattoir and Woodside Lairage respectively during the year was as follows:-

	Cattle	Calves	Sheep and Lambs	Pigs
Tranmere Abattoir	4782	5	18305	7983
Woodside Lairage	135	-	1	5
Totals:	4917	5	18306	7988

#### TRANMERE ABATTOIR

Cattle and sheep are slaughtered in a common slaughterhall on a partial line system with off-the-floor dressing. One stunning pen is installed for the stunning of cattle by captive-bolt pistol and sheep and lambs are stunned by electrolethaler in an ante-room adjoining the main slaughterhall. One casting-pen, installed for slaughter of cattle by Jewish ritual method, is still unused following the removal of the prior portion of Kosher slaughtering to London. Pigs are slaughtered in a slaughterhouse set apart from the main slaughterhall and are put through a de-hairing machine prior to hand-finishing of the carcasses. Each of the two slaughterhalls has its own adjacent cooling-hall, and, in addition there are two chill-rooms and a low temperature refrigerator.

During the year improvements to the amenities included the re-painting of the beef and lamb cooling-hall, the pig slaughter-hall and cooling-hall, and the staff dining room. Repainting of the main slaughterhall is in progress at present to be followed by a similar treatment of the lairage accommodation. Three steam sterilisers have been installed to augment the two previously provided.

The following tables are a summary of condemnations, together with statistics of carcase meat and offal rejected as unfit for human consumption:-

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for Tuberculosis	Nil	Nil	Nil	Nil
Part carcasses condemned for Tuberculosis	Nil	Nil	Nil	Nil
Number of carcasses of which some organ was condemned for Tuberculosis	2	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	.0004%	Nil	Nil	Nil

Total weight of carcase meat condemned  
for Tuberculosis Nil

Total weight of offal condemned for  
Tuberculosis  $\frac{1}{2}$ cwt.

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for conditions other than Tuberculosis	5	2	43	40
Parts of carcasses condemned for ditto	88	Nil	40	558

Total weight of carcase meat condemned  
for conditions other than Tuberculosis 6tons 8cwts.

Total weight of offal condemned for  
ditto 15tons  $\frac{1}{2}$ cwt.

#### WOODSIDE LAIRAGE

The Mersey Cattle Wharf was first established in 1879 to deal with the import of livestock from the United States of America and in that year 31,797 cattle were landed in Birkenhead. Now, almost a century later the Mersey Docks and Harbour Company are to cease to operate this traffic. This does not necessarily mean the end of cattle importations, for interested parties have formed a consortium to negotiate a lease of the property and to continue bringing in from Ireland store cattle for British farms and fat cattle for British slaughterhouses. Many of the facilities are out-dated and the landing-stage itself requires considerable repair but there is confidence that these problems can be overcome and that cattle-boats will continue to be seen "steaming" up the Mersey heading for Woodside Lairage.

The following tables are a summary of condemnations at Woodside Lairage, together with statistics of carcase meat and offal rejected as unfit for human consumption.

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for Tuberculosis	Nil	Nil	Nil	Nil
Part carcasses condemned for Tuberculosis	Nil	Nil	Nil	Nil
Number of carcasses of which some organ was condemned for Tuberculosis	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	Nil

Total weight of carcase meat condemned  
for Tuberculosis Nil

Total weight of offal condemned for  
Tuberculosis Nil

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for conditions other than Tuberculosis	2	Nil	1	Nil
Parts of carcasses condemned for ditto	46	Nil	Nil	3

Total weight of carcase meat condemned  
for conditions other than tuberculosis 1ton 6½cwts.

Total weight of offal condemned for  
ditto 4tons 1½cwts.

#### EMERGENCY SLAUGHTER

During the year at Woodside Lairage a total of 141 animals comprising 111 bullocks, 15 heifers, 1 bull, 8 cows, 1 sheep, 3 boars and 2 sows were considered to be sick or injured and were the subject of casualty slaughter. The entire carcasses of 1 bullock, 1 cow, and 1 sheep were condemned as also were part carcasses of 40 bullocks, 3 heifers, 3 cows, 1 boar and 2 sows. In the case of the remainder, condemnations were confined to the viscera.

#### IMPORTED FOOD REGULATIONS, 1968

During the year notifications were received from various Port Health Authorities of the delivery to Birkenhead of 48 consignments of imported food comprising 1,466 quarters of beef, 68 boxes of boneless beef, 342 carcasses of lamb, 2,327 carcasses of pork, 86 boxes of offal, 5,760 cases of canned tomatoes and 2,440 cartons of biscuits. In addition, 10 consignments of animal fat were delivered to a local processing factory. All consignments were inspected and the following quantity rejected:-

37lbs. Pork

#### WHOLESALE MEAT DEPOTS

Check inspections of meat stored for sale in Cold Stores and Wholesale Meat Depots were made. A total of 171 visits were made and as a result of inspections 2 tons 18cwts of meat and other food were rejected, comprising 2tons 8cwts of carcase meat, 25 tins of livers and 8 tins of cooked meat weighing 2½cwt, 79 poultry carcasses weighing 2½cwts and 23 cases of various frozen foods weighing 5cwts.



SLAUGHTERHOUSES ACT, 1958

Officers of the Ministry of Agriculture, Fisheries and Food paid periodic visits of inspection to Tranmere Abattoir under the supervisory powers of this Act. After detailed inspections directed to all the points enumerated in the Slaughter of Animals (Prevention of Cruelty) Regulations and the Slaughterhouses (Hygiene) Regulations, 1958, satisfaction was declared as to the general organisation and conditions obtaining at this slaughtering centre.

SLAUGHTER OF ANIMALS ACT, 1958

The stunning and slaughtering of animals in a slaughterhouse is prohibited except by persons in possession of a Slaughterman's Licence granted by the Local Authority. As at 31st December, 1971, there were 10 licences in force.

DISPOSAL OF CONDEMNED MEAT AND OFFAL

Meat and offal, which is rejected as unfit for human consumption at abattoirs, cold stores and wholesale meat depots is removed by contractors to processing plants outside the Borough for heat treatment. By-products include animal foodstuffs, tallow and fertiliser.

EXPORT OF MEAT PRODUCTS

During the year one licence was issued to an export firm for the export of 22 tierces of lamb casings to Spain.

MEAT (STERILISATION) REGULATIONS, 1969

These Regulations amend and replace the Meat (Staining and Sterilisation) Regulations, 1960. The effect is to prohibit entirely the sale of unprocessed meat as pet animal food unless it has been inspected and passed for human consumption. It is no longer legal to offer for sale stained knacker meat or other condemned meat or offal. Regular visits keep a check of the sources of pet meat and conditions of storage.

BIRKENHEAD CORPORATION ACT, 1954

Section 98 of the above Act regulates the sale of animal feeding meat and provides for the registration of approved premises. During the year no application for registration were made and one registration was cancelled. There are now ten registered premises within the Borough all receiving periodic visits of inspection.

DISEASES OF ANIMALS ACT, 1950

In addition to the publication of the Orders of the Ministry of Agriculture, Fisheries and Food, and the supervision of cleansing and disinfection of infected farm premises, and the licensing of the movement of livestock, it is also the duty of the Local Authority to enforce all orders made for the protection of animals and poultry from unnecessary suffering during transit.

The principal Orders which enable the Inspectorate to exercise their powers of inspection are:-

Transit of Animals Order, 1927  
 Fowl Pest Order, 1936  
 Anthrax Order, 1938  
 Tuberculosis (Slaughter of Reactors) Order, 1950  
 Transit of Horses Order, 1951  
 Diseases of Animals (Waste Foods) Order, 1957  
 Regulation of Movement of Swine Order, 1959  
 Movement of Animals (Records) Amendment Order, 1960  
 Live Poultry (Restrictions) Order, 1963  
 Swine Fever Order, 1963  
 Exported Animals Protection Order, 1964  
 Diseases of Animals (Seizure of Carcases) Order, 1964  
 Foot-and-Mouth Disease (Amendment) Order, 1969  
 Exotic Animals (Importation) Order, 1969

#### TRANSIT OF ANIMALS ORDER, 1927

During the year a total importation of 167,939 cattle, 294 sheep and lambs, 1,325 pigs and 372 goats - from Ireland and the Isle of Man - were landed at Woodside Lairage. This shows an increase of 51,467 animals over the importations during 1970. Check inspections are made on transport vehicles and arrangements exist for the cleansing of any vehicles which require such service. The animals, while detained in the Lairage, are adequately fed and watered.

#### FOWL PEST ORDER, 1936

The severe outbreak of Fowl Pest in Britain last year carried over into 1971 with increasing severity. This year's total outbreaks numbered 4,214, an increase of 885 confirmed outbreaks compared with 1970. No outbreaks occurred within the Borough and all hen-keepers were visited, advised on the subject of vaccination of flocks, and given a Ministry of Agriculture hand-book on Pest Control.

#### ANTHRAX ORDER, 1938

There were no cases of Anthrax locally during the year. The national incidence again was halved, there having been 64 confirmed outbreaks during the year compared with 115 during 1970. The resultant deaths of 85 farm animals compares with a total of 122 last year. During excavations on former farm land within the Borough bovine skeletons were unearthed. Samples of the bone and the surrounding earth were subjected to laboratory examination. These proved negative to Anthrax and work on the sites was able to continue.

#### EXPORTED ANIMALS PROTECTION ORDER, 1964

The following animals were exported from Birkenhead Docks to China for breeding purposes:-

400 large white pigs

BRUCELLOSIS (ACCREDITED HERDS) SCHEME

Under this Scheme animals which show a positive reaction to the official Brucella blood tests are required to be sent for slaughter under licence issued by the Ministry of Agriculture. During the year 46 cows and 6 heifers were received into Tranmere Abattoir in accordance with the terms of the Scheme.

BRUCELLOSIS (AREA ERADICATION) ORDER, 1971

Compulsory testing of cattle for Brucellosis commenced on the 1st November, 1971, and early results are encouraging suggesting that the majority of the herds are free from the disease. During the last two months of the year 1,100 herds were tested by Veterinary staff of the Ministry of Agriculture, of which almost 800 showed no reactors. Of those herds which had reactors about one-third appear to be only lightly infected with less than 10% reactors. A further third have between 10% and 20% reactors, the remainder being more heavily infected.

TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950

Six cattle which had reacted to the Tuberculosis Test were received into Tranmere Abattoir for slaughter and inspection. None of the cattle disclosed tuberculosis lesions on post-mortem examination and reports were sent to the Ministry of Agriculture.

TRANSIT OF HORSES ORDER, 1951

During the year a total of 137 horses and 580 asses were landed at Woodside Lairage. During their detention they were adequately fed and watered. Check inspections of horse-boxes and transport vehicles were made before the animals left the premises.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

This Order prohibits the feeding of unboiled waste food to farm animals or poultry and requires that such wastefood shall be boiled for at least one hour in boiler-plant licensed by the Local Authority. There are at present two licences in force and regular inspections of <sup>piggeries</sup> and boiler-plants were made to ensure that the Order was being complied with.

REGULATION OF MOVEMENT OF SWINE ORDER, 1959

During the year 21 store pigs were brought into the Borough on Movement Licence. During the period of 28 days' detention the farms and piggeries concerned were visited and the pigs were examined.

MOVEMENT OF ANIMALS (RECORDS) ORDER, 1960

This Order requires that records be kept of the movement of animals onto and off farm premises, and that such records be retained for a specified time. There are three cattle-breeders and five pig-keepers within the town's boundaries. During the year visits to these premises were made and the record-books inspected.

SWINE FEVER ORDER, 1963

Three outbreaks of Swine Fever were confirmed in England during the year. The last previous case had been confirmed in June, 1966, and the disease was thought to have been eradicated. However, these three cases caused the slaughter of 189 pigs and serve to illustrate that where disease is concerned the final victory can never be presumed.

FOOT-AND-MOUTH DISEASE (AMENDMENT) ORDER, 1969

There were no confirmed outbreaks of Foot-and-Mouth Disease anywhere in Great Britain during the year.

EXOTIC ANIMALS (IMPORTATION) ORDER, 1969

This Order imposes a general prohibition on the importation of certain nominated animals, and lays down conditions for the importation of certain other prescribed animals. The Quarantine Station was visited and inspected under the authority of this Order.

PET ANIMALS ACT, 1951

This Act regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the Local Authority. During the year one licence was surrendered, one application for a licence was granted and eight licences were renewed. These shops are visited periodically to ensure compliance with the terms of the licence.

RIDING ESTABLISHMENTS ACT, 1964/70

This Act provides that no persons shall keep a riding establishment except under the terms of a licence granted by the Local Authority. Stables were inspected and found to be in a clean and satisfactory state and the horses and premises in good condition. Two applications for licence were received and the premises and horses were subject to veterinary inspection. Following satisfactory reports the licences were granted.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1961

This Act provides for a system of licensing of premises at which a business of accommodating cats and dogs is carried on. Three applications for renewal of licence were received and were granted after inspection of the kennels. Periodic inspections of the premises are made and the condition of the animals observed.



BACTERIOLOGICAL EXAMINATION OF FOOD AND WATER1. Ice Cream

There has been an increase in the types of ice cream available for consumption, but only a small amount of this is manufactured in Birkenhead. The number of premises retained on the Register are as follows:-

Manufacture of Pasteurised Ice Cream	3
Manufacture of Cold Mix Ice Cream	7
Manufacture of Lolly Ices	2
Sale of Ice Cream and/or Lolly Ices	513

The majority of samples listed below were taken from manufacturers in the Borough. A total of 58 samples were examined by the Methylene Blue Test:-

28 were placed in Grade	I
13 were placed in Grade	II
11 were placed in Grade	III
6 were placed in Grade	IV

It is considered that no samples should be placed in Grade IV and when such a result is obtained it is an indication that the manufacturer has not cleaned and sterilised his equipment in an efficient manner. As this is an advisory standard, there is no penal sanction that can be imposed.

However, after so many years of using the Methylene Blue Test as a measure to judge the standard of hygiene in production, there is no reason why the granting and maintaining of a licence to manufacture Ice Cream should not be dependent on satisfactory samples as in the case of Pasteurised Milk.

2. Cream

In June, Circular FSH 2/71 from the Ministry of Agriculture, Fisheries and Food recommended that the Methylene Blue Test should be used as the method for the bacteriological screening of fresh cream. As with Ice Cream this was an advisory test with no penal function. It is considered that although fresh cream is retailed on a wide scale, pathogenic bacteria are rarely present. However, a high bacterial content is frequently present which results in a loss of keeping quality.

Twelve samples were submitted to the test. Ten were satisfactory, one fairly satisfactory, and one unsatisfactory. Investigations into the date of manufacture of this unsatisfactory sample revealed that it had been sold a day after the expiry of its recommended shelf life.

3. Liquid Egg

The Liquid Egg (Pasteurisation) Regulations, 1963, prescribe tests to ensure that this product is pasteurised before use as an



The photograph shows the Inspector prior to sampling swimming pool water bacteriologically, determining the amount of Chlorine present for sterilising purposes in the water.



ingredient in the preparation of food, or imported with a view to such use. In the baking industry health problems would arise if liquid egg were not pasteurised before use.

No egg pasteurising plant is situated in Birkenhead, but samples are taken from the bakeries using this product. Eleven samples were taken during the year, all passed the prescribed Alpha-Amylase test.

#### 4. Drinking Water

During the year 39 samples of water as supplied to the consumer was taken from various points for bacteriological examination. Those from mains taps were satisfactory, but again a number of samples from office drinking fountains were found to have a higher number of bacteria per ml. than is expected. However, no B. Coli or Coliform organisms were found to be present in any sample. Some complaints were received concerning an unusual taste but these were found to be due to an increased hardness in the supply to some areas.

#### 5. Swimming Bath Water

Water from the three public swimming baths and one school bath are taken for bacteriological examination. Ninety-three samples were examined during the year. Three samples were reported as containing more than 300 bacteria per ml. No B. Coli were found in any samples.

Regular checks have shown the amount of Chlorine in the baths to be maintained at a satisfactory level.

The regular sampling of swimming bath water is important for whilst most of the results are good and show that appropriate supervision has been carried out by the Officer responsible, nevertheless premises where the public congregate in this manner are always premises "at risk" and deserving of strict Public Health control.

### FOOD AND DRUGS ADMINISTRATION

#### Milk Supply

The two main sources of supply in the Borough are a Dairy which Pasteurises, bottles and cartons over 15,000 gallons a day, and a Dairy which distributes milk that has been pasteurised and bottled elsewhere in Cheshire. Samples are taken not only from these premises but from retail shops to ensure that the prescribed standard are achieved. The following results show that the vast majority are satisfactory:-

#### 1. Chemical Analysis

During the year 246 samples were examined in the Department by the Gerber Test to determine the fat and non-fat solids content of milk. The Sale of Milk Regulations, 1939 prescribe that milk containing less than 3% Fat and 8.5% of milk solids other than milk fat shall be presumed, unless the contrary is proved to be not genuine; while the Channel Islands Milk Regulations 1956,



state that this milk shall contain 4% of Milk Fat. The average fat content of samples was 3.21% and the average solids - not fat - content was 8.66%. For Channel Islands milk the average was 4.70% fat and 8.84% solids - not fat. Of the 246 samples tested two were found to be deficient of fat and five naturally deficient of solids - not fat. Subsequent samples from these producers were satisfactory.

2. The Milk & Dairies (General) Regulations 1954  
The Milk (Special Designation) Regulations 1963/65

The number of registered dairies and distributors and of licences issued under these Regulations are as follows:-

Registered Dairies	16
Registered Distributors	209
Dealers licensed to sell pre-packed milk	211
Producers licensed to pasteurise milk	1

A total of 247 visits were made to premises and 283 samples of milk taken to ensure that the various requirements of these Regulations were complied with.

The samples are examined by the Public Health Laboratory, Liverpool, and the results are summarised in the following table:-

	<u>Passed</u>	<u>Failed</u>	<u>Total</u>
Pasteurised Milk	170	8	178
Sterilised Milk	63	-	63
Ultra High Temperature Milk	13	-	13
Untreated Milk	21	8	29
	<u>267</u>	<u>16</u>	<u>283</u>

The failures were all in respect of the Methylene Blue test, which is an indication that the keeping quality of the sample was not satisfactory. Advice was given to the Distributors regarding stock rotation and storage methods.

Brucella Abortus

All samples of Untreated Milk are examined for the presence of this organism which can cause illness in consumers of infected milk. This milk is bottled or cartoned on farms situated within the areas of other Local Authorities. In September, a sample of Untreated Milk obtained from a vending machine in Birkenhead was reported as containing Brucella Abortus. The Medical Officer of Health to Bebington M.B., in whose area the farm is situated, issued an order requiring that no milk should be sold unless treated in such a way as to secure its safety. He indicated that suitable arrangements for efficient pasteurisation would be acceptable for that purpose. However, some samples taken from vending machines operated by the producer in Birkenhead were found



FOOD AND DRUGS ACT, 1955. The figure shows the formal sampling of sausages at a butcher's shop.



later not to be efficiently pasteurised. Accordingly, legal proceedings were commenced in respect of this sample but at the time of writing have not been before the Court.

### General

One of the anomalies that I fail to appreciate but can see how it developed, relates to the storage of crates of empty milk bottles on open forecourts, yards and footpaths. The Law, in my view, quite correctly prohibits the storage of full bottles of milk in these situations, and yet permits empty bottles to be stored in this way. I realise that bottlers must have somewhere to store empty bottles but somehow it seems quite wrong to me for bottles to be stored in this manner where they are regularly contaminated by wind and rain and urinating dogs. I suppose the vested interests would say that every milk bottle is properly washed and sterilised and whilst this might well be the case I find it quite repugnant to think that a bottle which contains milk may at some time have been contaminated internally by urine or any other foreign matter. The Food Hygiene (General) Regulations 1970 enable Local Authorities to institute proceedings in respect of non-returnable food containers and I only wish that milk legislation would contain the same provision for milk bottles. Better still I subscribe to the theory that the introduction of disposable containers has to be applauded and not prevented, for most complaints received in the office relating to dirty conditions of milkbottles is the result of public mis-use. I believe that we are putting the cart before the horse by criticising the suitable means of disposal of non-returnable bottles. The means of disposal is available and it is for Local Authorities and the Trade interests to develop them to their appropriate end.

### OTHER FOODS AND DRUGS

Little change has taken place this year in the statutes which govern the protection of the public food supply, there being only two additional Regulations, these are:-

#### The Preservatives in Food (Amendment) Regulations, 1971

These amending Regulations impose limits on the amounts of Sodium Nitrate and Sodium Nitrite which may be added to Bacon and Ham; impose a limit on the amount of Sodium Nitrate which may be added to Pickled Meat, and impose in respect of all pickled meat the limit on the amount of added Sodium Nitrite, which formerly only applied to cooked pickled meat.

#### The Colouring Matter in Food (Amendment) Regulations, 1970

This amending Regulation removes Ponceau MX from the permitted list of colouring matters. Ponceau MX is a red colour and was used in a wide variety of foods.

A wide variety of foods and drugs were sampled during the year, with a special emphasis on those which are new products or have a prescribed standard. A total of 288 samples were submitted to the Public Analyst, Mr. T. Harris, F.R.I.C., F.P.S., M.Chem.A., at Manchester, whose help and co-operation are gratefully acknowledged.



A number of samples of canned Fish, especially Tuna Fish, were examined for the presence of Mercury. Only one sample was found to contain more than 0.05 p.p.m. of Mercury.

The following samples taken during the year, were reported as unsatisfactory:-

Blackcurrant Drink	-	deficient of Blackcurrant Juice
Apple Desert Mix	-	contained an undeclared preservative
Pork Sausages	-	deficient in lean meat (2 samples)
Pork Sausages	-	deficient in meat (4 samples)
Bread and Butter	-	margarine used instead of butter (3 samples)
Fishcakes	-	deficient in fish
Irish Stew	-	deficient in meat
Slimming Tablets	-	unsatisfactory label
Restorative Tablets	-	" "
Pasta	-	" "

Legal proceedings were instituted in respect of the 3 bread and butter samples and fines of £5 were imposed in each case. A similar fine of £5 with £5.65 costs was imposed in respect of a sample of Pork Sausage deficient in meat, and a fine of £15 with £5.65 costs in respect of a sample of Fishcakes deficient in fish.

Warnings and advice were given in respect of the other unsatisfactory samples.

#### Consumer Complaints regarding Food

The policy of encouraging members of the public to take advantage of the service for investigating their complaints regarding the unsatisfactory condition of food has continued, and has resulted in an increasing number of complaints being received. In fact, 176 complaints were received from members of the public regarding food which was considered by the individual to be unfit for one reason or another, as against 131 complaints in 1970. This means that in a matter of four years the number of consumer complaints received in the Department has increased by almost 300%. I hope, however, to report next year that this figure has increased still further for if the public realises just how detailed our investigations are following the receipt of a complaint they would give still further support to the important work of the Department.

There is no doubt about it that many of the complaints which the public quite justifiably make to shopkeepers are never referred to the manufacturers. Many are dealt with by him replacing the article at his own expenses and disposing of the food complained of to avoid further "administration" problems to himself.

I would be very happy if every consumer complaint regarding the quality of food were referred to my office, though, of course, it would mean a very considerable amount of work, but if ever work is necessary then the proper investigation of food complaints is. Unfortunately, it often leads to considerable pressure in the Food and Drugs Sampling Section under the control of Mr. K. Dick, and during a spell of hot weather sampling at times becomes quite negligible owing to the fact that he is employed purely on complaint investigation. This is, obviously, to the

detriment of sampling duties for it is during these periods that problems often arise regarding the bacteriological condition of ice cream, milk and many other foods.

There is still no legal requirement for perishable foods to have printed on their labels an expiry date after which the food should not be sold. As a national company is now placing such a date on most articles which it sells, it is difficult to envisage the difficulties which appear to be "bogging down" our legislature on this matter. Could it be that they are influenced by the commercial interests who stand to lose by such open date coding? In this connection it is interesting to note that the use of coloured wrappers to indicate the day of baking of a loaf of bread, mentioned in my report of 1970, has been discontinued. The bakery found considerable resistance by the retail trade to the use of these wrappers, mainly because it entailed strict stock control to avoid having bread a day old. When no date is printed on the wrapper a loaf can be usually sold at least one day, and sometimes two days, after baking during most months of the year, and no doubt this fact influenced the manufacturers and retailers. The following table gives the variations of food affected and the conditions complained of:-

FOODSTUFF	FOREIGN MATTER	MOULD	UNSOUND OR SOUR
Milk	4	-	4
Butter	-	-	2
Cheese	1	4	1
Bread	21	10	-
Meat	-	-	12
Canned Meat	4	1	5
Cooked Meats	4	3	9
Meat Pies	3	1	5
Sausages	2	5	1
Fish	4	-	2
Fruit	10	2	1
Vegetables	5	5	7
Cereals	4	-	-
Sweets	1	-	-
Confectionery	9	10	1
Others	9	4	1
TOTALS:	81	45	50

Legal proceedings were instituted in nine cases under Section 2 of the Food and Drugs Act. Fines and costs totalling £240 were imposed.

FOOD POISONING AND OTHER INFECTIOUS DISEASES ASSOCIATED WITH FOOD

During the year 155 notifications of suspected food poisoning, dysentery or enteritis were notified to the Department. In addition, 191 notifications were received from Port or Airport Authorities of persons returning from declared cholera infected areas who were not in possession of a valid certificate of vaccination.

Investigations into all these cases involved 566 visits to patients' homes and other premises, and the submission of 622 specimens for bacteriological examination. In the case of persons returning from cholera infected areas specimens were obtained from all who had any symptoms of enteritis, and from all food handlers whether or not they had any symptoms. While no cholera organisms were found in any specimens, four cases of infection by Salmonella organisms were revealed. These families would not have been investigated but for their return from a known cholera infected area and one wonders how many other people return from a holiday abroad suffering from some form of enteritis which is, in fact, a salmonella infection, and who perhaps become unknown carriers because they do not receive any medical attention.

The casual organisms was identified in the following cases -

Salmonella	Paratyphoid B	1
"	Typhimurim	1
"	Enteriditis	2
"	Agora	2
"	Indiana	1
"	Infantis	1
"	Virchow	3
"	Kapemba	3
"	Panama	1
"	Newport	1
"	Bredeney	2
"	Brandenberg	1
Shigella	Sonnei	8

The case of salmonella paratyphoid B occurred in a child following a visit to relatives in Italy. One case of salmonella enteriditis, the case of salmonella panama, the cases of salmonella bredeney all occurred following holidays in Majorca, while the cases of salmonella kapemba occurred in two families who stayed at different times in different hotels in the same town near Barcelona.

The remaining cases were in isolated family outbreaks and no specific food could be implicated as the source of the infection.

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FOOD HYGIENE

During the year the Food Hygiene (General) Regulations, 1970, came into operation and these regulations can best be described as a slightly amended consolidation of the Food Hygiene (General) Regulations of 1960 and 1962. The three bodies of the Regulations which are made under the authority of the Food and Drugs Act, 1955, enabling Local Authorities to require appropriate hygiene conditions are:-

- The Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.
- The Food Hygiene (Markets, Stalls, and Delivery Vehicles) Regulations, 1966.
- The Food Hygiene (General) Regulations, 1970.

The principal changes from the requirements of the Food Hygiene (General) Regulations, 1960 are:-

1. The definition of food now includes raw food which has to be milled or refined in order to make it fit for consumption.
2. Food as nominated in the schedule and wrapped in the way it describes is excluded from the definition of "open food".
3. A trader is required to separate what he believes to be unsound food from sound food, to take measures to prevent the unsound food from coming into further contact with sound food, to provide space for the sorting of food and for sorting the waste until appropriately disposed of.
4. Open food is required to be protected from contamination by covers or screens.
5. Animal food must not be kept in the same room as open food unless it is packed in sealed cans or containers.
6. Handlers of open food are required to wear clean and washable over clothing.

It will be seen that the emphasis is on the protection of food from dirt. Once the food has been purchased by the housewife it then becomes her responsibility to continue to protect it against contamination. The thing that concerns me most is the fact that the legislation, the Inspectorate and most of the trade aim to provide the public with clean food but, unfortunately, the public, themselves, often expose the food to risk of contamination in their own home. I have said "most of the trade" purposely because I am still not satisfied that every one of them really appreciates the necessity for a high standard of hygiene in shops and preparation rooms. Whilst my own staff are constantly urging these recalcitrant traders to improve their standards of hygiene I feel that the public, themselves, can do far more by, for example, refusing to trade with them. I am quite certain that few housewives, if any, would consider going into a dirty "scruffy" shop, to buy clothing or furniture. As a result one frequently finds that many of these types of premises are in a much cleaner state than those where food is prepared and sold. One hears constantly that the trade offers a service to the housewives, and whilst this may very well be true, in my honest opinion all traders are in business to make money. For this reason if the housewives refused to deal with them they would either go out of

business (which is where they probably belong) or they would improve their standard and provide food which has not been exposed to risk of contamination. Some people may say that there is an old expression which says "You have got to eat a peck of dirt before you die". That there is such a saying is a fact, but one does not necessarily have to comply with these old adages, and indeed the public should recall that most of the old proverbs have contradictions.

It may be felt that from an earlier part of this report few cases of food poisoning have been notified during the course of the year. This may be true but it will be appreciated that figures may prove anything or nothing and the only cases that are notified are those subsequent to patients' visits to doctors. How many people, for example go to see their doctor when they are suffering from a mild attack of diarrhoea or vomiting? The answer is, few, but it is a fact that most of these abdominal upsets, referred to commonly as a "chill on the liver" or a "cold in the stomach" are the results of an attack of food poisoning or some sort and it must be remembered that food poisoning may be a real risk in the case of the aged or very young. In addition to the high standard which I hope will ultimately be achieved in the Borough in the shops and restaurants it is also imperative that this same high standard should be achieved in every house, particularly in the kitchen, and indeed the utmost fastidiousness would be the appropriate target at which to aim. I hope that standards of hygiene improve not only in the shops and home but also that the standards of cleanliness of the food handlers similarly improve. So many housewives, for example, complain on seeing a shop assistant smoke and yet I am appalled at the number of housewives who smoke in their own kitchens whilst preparing food. At least one firm of National repute has undertaken a voluntary dating of food stuffs and a voluntary prohibition of smoking in their shops. I wish that this idea would be followed by many and that the shopping public would further leave their pet dogs outside the premises rather than taking them in and exposing food to risk of further contamination.

I still think that one of the greatest assets to standards of hygiene in the food premises in the town will be the establishment of the new Market Hall and Shopping Precinct. I have been fortunate enough to have an officer representing me at the Central Area Officers Redevelopment Committee when we have been able to contribute something towards the improved standards necessary in a modern shopping precinct. There is no doubt that these new shops will encourage the public to do their shopping there because of their appearance - this, however, will not be to the detriment of the other traders in the town who, themselves, can carry out some modernisation and improvement work to bring their premises up to a good standard, thus attracting the public back to the corner shop.

During the year 17 offences against the Regulations were referred to the Magistrates Court and convictions were recorded in all cases. Of these offences 7 were against requirements relating to the cleanliness and repair of food rooms and 3 were for offences against the requirements relating to the cleanliness of articles or equipment. The remainder were for offences against the requirements relating to the protection of food from

contamination, accumulation of refuse in food premises, ventilation of food rooms, lighting, personnel cleanliness, sanitary conveniences and obstruction. Total fines imposed by the Magistrates amounted to £310. What I think the trade are not aware of is the fact that the Law allows for penalties of up to £100 per offence and 3 months imprisonment in addition, and whilst it is not for me to comment on the amount of the penalty imposed by the Magistrates one often feels that the amount is small by comparison with the maximum allowable.

The following premises are registered under the provisions laid down in Section 16 of the Food and Drugs Act, 1955:-

Fish Fryers	-	57
Fish Fryers and chicken roasters	-	6
Butchers manufacturing sausages	-	36
Butchers manufacturing sausages and cooked meats	-	21
Pickle manufacturers	-	1
Chicken roasters	-	10
Meat products factories	-	5
Grocers manufacturing cooked meats	-	8
		<hr/> 144 <hr/>

Premises registered under the provisions laid down in the Birkenhead Corporation Act, 1954:-

Food Hawkers and their premises (Section 102)	39
Vendors of shellfish and their premises (Section 103)	24

Summary of Inspections and Defects Remedied  
Food Hygiene (General) Regulations, 1960

	Shops	Cafes	Food Preparing Premises	Licensed Premises	Mobile Shops and Stalls
Number of premises	765	96	126	199	155
Fitted to comply with Reg. 16	737	95	128	193	107
Premises to which Reg. 19 applies	687	96	128	198	95
Premises fitted to comply with Reg. 19	680	96	127	198	95



	Shops	Cafes Canteens	Food Preparing Premises	Licensed Premises	Stalls	Totals
Number of premises	765	96	126	199	115	1301
Number of inspections	1019	201	700	108	288	2416
<u>Defects and Contraventions Remedied:—</u>						
Sanitary conveniences separated from from food store	4	-	-	-	-	4
Walls, floors, ceilings, doors, windows—						
(a) repaired	115	11	8	35	4	173
(b) cleansed	304	24	34	43	35	440
Food rooms ventilated	25	8	2	14	-	49
Accumulation of refuse removed	47	5	4	5	10	71
Cleanliness of persons, utensils clothing	76	9	9	1	6	101
Wash-basins provided	40	2	3	4	2	51
Sinks provided or removed	27	2	3	3	1	36
Hot and Cold Water Supply	50	3	2	4	3	62
Towels, soaps, etc. provided	31	12	2	2	4	51
Protection from contamination of food	74	15	8	12	14	123
Contravention of local bye-laws	21	4	1	3	2	31
Miscellaneous	34	1	7	-	-	42
Totals:	848	96	83	126	81	1234

# P O U L T R Y   I N S P E C T I O N

There are no poultry processing premises within the Borough.

UN SOUND FOOD

The inspection of food in shops, warehouses, canteens, etc. was carried out by all the Public Health Inspectors. All condemned food was disposed of - mainly by tipping on the Corporation tip - under supervision. The following list shows the types and quantities of food dealt with:-

<u>Commodity</u>	<u>Total Weight</u> (Lbs.)
Biscuits	124
Butter	241
Beer	122
Cereals	80
Chickens	129
Cheese	206
Coffee	47
Cream	16
Fruit Juice	200
Fruit and Veg.	7342
Fish	571
Frozen Food	2616
Flour	133
Ice Cream	290
Milk	41
Meat	8768
Nuts	76
Puddings	127
Preserves	510
Soup	86
Sauce	62
Salt	28
Sugar	54
Sweets	150
Tea	13
Tinned Fruit	439
Yoghurt	49
	<hr/> 22,519lbs. <hr/>

In most of the cases when food has been "condemned", as shown above, the visit to the shop was requested by the shopkeeper and the Inspector has examined the food to determine whether it was fit for human consumption, and in every case when the Inspector suggested that the food was unfit, the trader immediately agreed to its voluntary surrender.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

ANNUAL REPORT OF THE LOCAL AUTHORITY ON THEIR PROCEEDINGS UNDER THE ACT

Prescribed particulars to be included in the annual report to the Secretary of State by Local Authorities under Section 60.

TABLE A - REGISTRATIONS AND GENERAL INSPECTIONS

Period Covered - 1st January to  
31st December, 1971

Class of premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
(1)	(2)	(3)	(4)
Offices	20	324	312
Retail Shops	49	703	680
Wholesale shops, warehouses	3	46	42
Catering establishments open to the public, canteens	15	145	130
Fuel storage depots	-	1	1
TOTALS:	87	1219	1165

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TABLE B - Number of visits of all kinds by Inspectors to registered premises = 1766

PART V

Water Supplies

Fluoridation of Water Supplies

Sewerage

Medical Examination of Corporation Employees

National Assistance Act 1948 Section 47

Work done on behalf of the Social Services Committee

Problem Families

Nursing Homes

Cremation

Rehousing on Medical Grounds





### WATER SUPPLY

Birkenhead, Wallasey, Bebington, Ellesmere Port, Hoylake, Neston and Wirral Urban District are supplied by the Wirral Water Board, which was established in 1963. This Wirral Water Authority was a prelude to the now proposed Wirral Local Authority. The Water Board receives its water from three sources: an impounding reservoir at Alwen, in North Wales, water from the River Dee, and a number of boreholes dotted around Wirral - two of these wells at Spring Hill and Flaybrick are situated within the Borough of Birkenhead.

From all these sources in Wirral there is a total yield of about 43,000,000 gallons daily.

At the Alwen Reservoir, built in 1921, the water is processed through a filtration works before being pumped in the Alwen aqueducts and carried about 40 miles to the Crosshill Reservoir at Thingwall.

Water is drawn from the Dee at two points - one in Chester at Old Dee Bridge and the second at Heron Bridge. These two can provide up to 17,000,000 and 7,000,000 gallons respectively.

From Old Dee Bridge, water is lifted and pumped in large diameter pipes to the treatment works, Sutton Hall, Great Sutton.

From Heron Bridge it is pumped to the Ashgrove Works on the outskirts of Chester where it is given partial treatment.

It then travels by gravity flow to Sealand for final treatment, is passed into the Alwen aqueduct and carried to Crosshill.

Finally, there are nine boreholes. They are at Mouldsworth, Prenton, Spring Hill and Flaybrick, both in Birkenhead, Seaview Road in Wallasey, Grange and Newton in West Kirby, Hooton and Neston.

Most of the boreholes yield completely pure water but some chlorine is added. The water is pumped into on the site storage reservoirs and then straight into the supply mains.

Birkenhead receives from Crosshill Reservoir - which means Dee and Alwen Dam water and also Flaybrick, Prenton and Spring Hill boreholes.

The main water works laboratory is situated at Sutton Hall, and is operated by a full-time Chemist and Bacteriologist and four assistants who supervise the treatment process and undertake regular chemical and bacteriological examinations. During 1971, the Engineer and Manager of the Wirral Water Board, Mr. N.H. Gimson, B.Sc., F.I.C.E., M.I.W.E., reports that the water supplied to the Borough has been satisfactory both in quality and quantity. There have been no cases of contamination and all new mains are chlorinated before being brought into use. Regular bacteriological and chemical analyses are sent to the Health Department. These water samples are taken by public health inspectors of the Department. The results throughout the year have been satisfactory. The water supplied to the Borough is not plumbo solvent.

The flouride content of the water from all sources is less than 0.1 p.p.m.

The estimated number of dwellings in the Borough is approximately 45,500. All properties are supplied direct from the distributive system.

### FLUORIDATION

During 1971 the Town Clerk received a letter from Cheshire County Council advising that the Council had approved the policy of fluoridation of the water supplies in Cheshire to the extent of one part per million and that negotiations be started with the water undertakings serving the County with a view to implementing the policy of fluoridation.

The Medical Officer of Health for Birkenhead submitted a joint report with the Chief Dental Officer upon the implications of fluoridation of water supplies and the effect on the community. The members of the Health Committee requested that all members of the Birkenhead Council be supplied with copies of the report and other views for and against fluoridation. The views of the National Pure Water Association were given and the reply from the Ministry of Health about the latest pamphlet from the Pure Water Association. An account was given to a subsequent meeting of the Health Committee of the number of authorities for and against fluoridation of the water supplies. The Engineer and Manager of the Wirral Water Board was most helpful in supplying a list of chemicals added to the Wirral water during the course of treatment. Perhaps those who favour the views of the National 'Pure' Water Association will be interested in this list of chemicals added, namely:-

- Activated Carbon
- Aluminium Sulphate
- Ammonia
- Chalk
- Chlorine
- Chlorine Dioxide
- Ferrous sulphate
- Hydrated Lime
- Polyelectrolytic (Polyacrylamides)
- Sodium Carbonate
- Sulphur Dioxide

- so much for our 'pure' water!!

After much discussion the members of the Health Committee voted in favour of the policy of fluoridation. Unfortunately at the Council meeting at the end of July, 1971, in spite of a very strong plea by the Chairman of the Health Committee, after a free vote, an amendment was passed to refer back the decisions to fluoridate the water supply. Once Birkenhead Council had made the decision and Wallasey Council a similar negative decision, the positive decision of Cheshire County Council was overruled, since in the Wirral area the water supply serves all. Perhaps when we are united as a Wirral Authority the decision will be different. In the meantime it is fortunate that we have an improved school Dental Service and sufficient dental surgeons in private practice

to prevent to some extent the decay in the Children's teeth. Those who voted against fluoridation voted against skilled dental surgeons who are of the opinion that fluoridation would dramatically reduce the incidence of decay in children's teeth. Suffice it to say that statistics for Birkenhead's School Dental Service in 1971 showed that there were 12 teeth extracted for each day of the year; one third of these were permanent teeth. In 1971 Birkenhead's school Dental Service dentally examined over 8,000 school children. 79% of these were found to require dental treatment.

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## SEWERAGE

In 1971, the report of the Mersey & Weaver River Authority was published. This report has stimulated discussion and the beginning of action by the Merseyside authorities.

Mr. Oxburgh, the Borough Engineer & Surveyor, kindly reports:

### MERSEY ESTUARY AND FORESHORE POLLUTION

"The concern felt by the Merseyside Local Authorities regarding pollution of the tidal Mersey Estuary and Foreshore has led to the setting up in September 1971, of a Steering Committee, a Technical Sub-Committee and Working Parties to investigate the problem.

These committees are representative of the Merseyside Local Authorities, the Mersey and Weaver River Authority, the Lancashire and Western Sea Fisheries Committee, the Department of Trade and Industry, the Mersey Docks and Harbour Company, the Confederation of British Industry and many of the major industrial undertakings on Merseyside. Observers from the Department of the Environment also attend the Technical Sub-Committee meetings.

Detailed survey work has been carried out on the foul and trade discharges to River Mersey and further studies are being made by the Water Pollution Research Laboratory in collaboration with the River Authority.

Consideration is now being given to the appointment of Consulting Engineers to carry out further investigations and to prepare a master plan for sewage disposal on Merseyside.

The Technical Sub-Committee have programmed this work with the object of reporting with the Consulting Engineers' recommendations to the Steering Committee by December, 1973."

It is pleasing to see that some action is being taken and that Birkenhead is participating. Table D of the Mersey & Weaver Rivers report makes disappointing reading as far as the North Wirral is concerned. The table states that in Birkenhead County Borough sewage is discharged untreated into the Mersey and that no plans are in hand. We are redeemed to some extent by the provision of a three-mile long sea outfall sewer from Hoylake. This scheme which is in progress and should be completed in 1972, will take some of the sewage from Birkenhead and generally improve the sewerage system in the North Wirral Area. The sewage will be taken three miles out to sea and it is hoped that the tides will ensure that there is no contamination of North Wirral beaches.

It will be interesting to see what the Consulting Engineers suggest in their master plan for sewage disposal on Merseyside. One fact is clear if we are going to have adequate treatment of sewage - money is needed to pay for this. Perhaps the new Water and River Boards will be provided with adequate finance for this major operation. The motto of the Mersey and Weaver River Authority is "Pure water gives life". Bearing in mind that our need for water will double in the next thirty years, the motto has some truth in it.

### MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

The medical questionnaire system introduced in 1969 is now used for all people entering the Corporation service.

There were, during 1971, 1,007 questionnaire type forms received and of these 598 required medical examination. Not all these medical examinations related to the Sickness and Superannuation schemes, some were for teachers in training and 27 of them were for heavy good vehicle drivers which was a new form of medical examination required under regulations brought into force in 1971.

With the use of the questionnaire systems the equivalent of about 40 doctor sessions were saved - a saving in money of about £400. Not only was doctor and nursing time put to better use but the time and money of staff was saved by preventing unnecessary travelling to and from the examination centre.

There is really no point in examining people who do not require it - much more to the point is to examine people who have a poor work record and those who are off sick for some months who may require a change in their patterns of employment. During 1971 the doctors in the department solved some difficult problems and many who had been disabled by illness both mental and physical were rehabilitated and with the support of their family doctor some of these employees of the corporation are still working - surprisingly few are retired on grounds of ill health.

During 1971 there were 27 applications for driving licences in connection with the Motor Vehicles (Driving Licences) Regulations 1970. This recent legislation represents an easing in allowing licences for certain people whose epilepsy is now well controlled on treatment. The Medical Officer of Health after consideration of an application in writing from the patient and reports from the family doctor and, if necessary, consultant physician, has to decide on the suitability of the candidate for a driving licence. This is a difficult task and these drivers are carefully considered. However, the driver who states his problem is probably a great deal safer than the one who does not, and is, therefore, not subject to the regulations. Several drivers were only granted a licence for one year and are thus subject to constant review.

	Not Passed		Passed for:					Examination for	Special examinations	Totals
	Service	Superannuation	Deferred for further examination	Service	Service and Superannuation	Superannuation	Teaching Appointments	Entry into Teachers' Training Colleges	Recommended for Premature Retirement	
Architect	-	-	-	7	1	3	-	-	-	11
Baths	-	-	1	8	2	4	-	-	-	17
Borough Valuer	-	-	2	51	-	-	20	-	2	-
Education	-	-	3	31	11	23	-	156	3	301
Engineer & Surveyor	-	1	-	1	7	4	-	-	3	108
Fire and Ambulance	-	-	-	1	3	5	-	-	-	9
Health	-	-	-	3	5	3	-	-	-	14
Housing	-	-	-	2	5	1	-	-	-	11
Libraries	-	-	-	2	3	3	-	-	-	7
Markets	-	1	-	-	-	1	-	-	-	1
Other Authorities	-	-	-	-	-	6	-	-	-	7
Parks and Cemeteries	-	-	1	13	3	3	-	-	1	23
Social Services	-	-	-	14	10	14	-	-	-	43
Town Clerk	-	-	-	-	7	-	-	-	-	8
Treasurer	-	-	-	-	2	1	-	-	1	4
Weights and Measures	-	-	-	1	-	1	-	-	-	2
Works	-	1	1	18	2	4	-	-	-	32
TOTAL :	2	3	8	151	61	124	20	156	7	598

NATIONAL ASSISTANCE ACT, 1948

Duties under this Act will now be assigned to the new Social Services Committee of the Council.

There is the utmost co-operation between the staffs, and useful information about handicapped persons or aged and infirm is exchanged between social workers and the various officers of the Health Department.

During the year, no case was required to be dealt with under Section 47 of the Act. The Medical Officer of Health is sometimes asked to use this power, but persistent discussion and persuasion of the elderly infirm will nearly always encourage them to enter an old people's home or a hospital. Indeed, it is the elderly person's tenacity of spirit which keeps them going under difficult circumstances. In 1971 we discovered fewer elderly and infirm in filthy, unhygienic situations, but where we did find deprived elderly, the staff of the various departments and the voluntary agencies, including young volunteers, worked well together to sort out these difficult situations - all are to be congratulated on their persistence. For several elderly people, this work has meant new life.

WORK DONE ON BEHALF OF THE SOCIAL SERVICES COMMITTEE

Throughout the year the routine medical supervision of children in the care of the Local Authority has been carried out by Medical Officers of the Health Department. Examinations were carried out at the larger group homes and in foster homes, as laid down by the Home Office Boarding-Out Regulations.

CO-ORDINATING COMMITTEE - PROBLEM FAMILIES

At intervals in 1971, meetings were held to co-ordinate the work of the various departments of the Corporation dealing with these families in trouble.

NURSING HOMES

There are still only two registered Nursing Homes in the town, though there are several private homes for the more ambulant elderly that are registered with the Social Services Department.

During 1971 there was continued negotiation with one of the Nursing Homes, and standards were further improved. Unfortunately these improvements are slow to achieve unless higher fees are charged to sick, elderly people. This is the dilemma, high standards mean high costs and high fees. It must be emphasised again that if an elderly person can afford to go into a private home, this leaves one more place in the Local Authority Home for a senior citizen who is in poorer financial circumstances.

CREMATIONS

The Deputy Medical Officer of Health acted as Medical Referee to the Crematorium during 1971. The Senior Medical Officer and one other Medical Officer in the department continued their work as Deputy Referees. The Medical Officer of Health continues to act



as a Deputy Referee as necessary.

It is advantageous to have a number of Referees to cover holiday periods and other times when doctors doing this work are away from the Department. The Landican Crematorium serves a wide area, around the Wirral and into Wales - this being so even with a Crematorium at Chester.

#### CREMATIONS - 1971

Birkenhead	..	..	..	..	..	769
Wallasey	..	..	..	..	..	654
Bebington	..	..	..	..	..	361
Hoylake Area	..	..	..	..	..	274
Neston Area	..	..	..	..	..	82
Heswall Area	..	..	..	..	..	186
Chester	..	..	..	..	..	44
Other Areas	..	..	..	..	..	93
Total:						2,463

#### RE-HOUSING ON MEDICAL GROUNDS

It is interesting to consider the increasing work on rehousing on medical grounds and its relationship to Birkenhead's general housing problem and not the least, the links with the problems of slum clearance.

During 1971 the special form for rehousing on medical grounds was completed and returned to the Medical Officer of Health from 1,103 applicants. All the people returning the form definitely had a health problem, but many of them were too minor and difficult to be considered for rehousing on medical grounds. It is only possible to consider those in previous trouble. Many of the problems are socio-medical and linked with overcrowding. It is difficult to assess how many other families there are in the community who have problems which they keep to themselves and do not put down on a medical rehousing form. To take one illustration, many of the 1,103 applicants wished to be rehoused from the various multistorey flat situations in the town. Though it is probably correctly assumed that living in high rise flats causes many people to be unhappy, no study seems to have been made on the many people who live in the flats without complaint, some of them presumably happy in their homes.

Of the 1,103 forms returned in year ending December 31st, 1969:

No recommendation ... ..	510
No recommendation/Review ... ..	139
Consideration for rehousing/no health priority	69

## Medical priority:

* priority	...	...	...	37
** priority	...	...	...	212
*** priority	...	...	...	79
Pending	...	...	...	57

## Applications decided upon:

649	-	No	-	62%
397	-	Yes	-	38%
<hr/>				
1,046				
<hr/>				

The numbers rehoused on medical priority during the year were as follows:-

Lodgers	...	...	...	15
Tenants (Private)	...	...	...	65
Tenants (Corporation)	...	...	...	107
				<hr/>
				187
				<hr/>

(See Table I on page 175)

Numbers of cases still awaiting rehousing on medical grounds - 19th January, 1972 - 239.

It might well be said that  $239 + 187 = 426$  and there were 397 recommended in 1971. However, there were some recommended in 1970 who had not been rehoused by the end of that year.

Consideration should be given as to why 239 recommended during 1971 were still not rehoused at the end of the year. 231 of them had been visited by housing visitors and the need for their rehousing on medical grounds was accepted. A summary of these cases and their particular housing requirement and their present area of the town is shown in Table II. From this table it is seen that nearly 100 of these rehouseings are required from the South end of the town and that 84 of these have requested to stay in that area. Also the type of property they require unfortunately is of the one and two bedroomed sort and the majority of houses in the South end of the town are of three bedroomed family size houses. In the case of many of the frail elderly in the South end of the town, their families have long since grown up and left the family home but the elderly parents cling to their over large home and to an area of the town which cannot provide them with the one and two bedroom ground floor accommodation which they require. If they will accept a move to this type of accommodation on the new estates they could be rehoused rapidly but often the sick prefer to stay near friends than face possible loneliness elsewhere.

To add to the difficulties, the Housing Manager has to consider rehousing from the clearance areas, and during 1971 not only have

these clearance areas been in the central part of the town but they have begun to move into the south areas. If we consider the many unfit houses in this part of the riverside area we have to demolish big groups of unfit houses in the next few years. These are high density accommodation and to provide for a better standard of living we must build to medium and low density to Parker-Morris standard. Thus as we accept the correct policy to rebuild in the cleared area some people and families will have to move out to enable the first clearance to take place. In the forthcoming clearance in the Peel Street area there will be many families including some who are in poor health who require one and two bedroomed accommodation - they cannot all be housed in the South part of the town.

The question remains how can we get a better balance of one, two, three and four bedroomed housing in all parts of the town. In the rebuilding of council houses, the architect needs large areas for development to build to the Ministry yardstick, and these large areas are being redeveloped at the present time in the central areas which remain undeveloped where we hope work on rebuilding will soon begin. However, there are many small areas of land which could be leased or sold to housing societies to enable them to build one or two bedroomed houses or flats for the handicapped and elderly. The pockets of unused land which exist in many parts of Birkenhead would be better developed rather than act as a dumping ground for rubbish and rubble of one sort or another. During 1971 a small committee of officers sat to consider the clearing of their sites. However, just to spend money on clearing is not enough if after clearing more dumping is to recur. The best method of preventing dumping and thus health eyesores in the town is by proper development of the sites. Is it too much to say that if the environment were more attractive there would be fewer requests for rehousing on medical grounds.

I do not resent the increasing number of forms for rehousing on medical grounds which are completed. Each one is investigated most carefully and the staff of Public Health Inspectors and community nurses are to be praised for their efforts in looking into the health problems. Where social matters are involved particularly sheltered accommodation the social workers have also given assistance. What we can say is that not all have been rehoused, but all have been given help in their varied needs. The week's batch of forms for rehousing on medical grounds in Birkenhead offers a text book of social and preventive medicine. I thank the Housing Manager and his staff for all their help in 1971 with these problems. As I said last year "As housing improves health must surely improve" but I would add one word of caution - it does depend on how the housing provided is looked after. Nothing has depressed me more than to see the damage to some of the new housing provided - vandalism does nothing but damage health in our community.

TABLE I

MONTH	Points Scheme			Transfers												Exchanges			Slum Clearance etc.,							TOTAL LETTINGS	REHOUSED IN PRIVATE DWELLINGS (Per Exchanges)	TOTAL FAMILIES REHOUSED	FIRST LETTINGS ON NEW PROPERTY
	FAMILY GROUPS	Lodgers		FAMILY GROUPS	ILL HEALTH	OVERCROWDED	UNDER OCCUPIED	ILL HEALTH	GENERAL	CORPORATION TENANTS	PRIVATE TENANTS	OTHER DISTRICTS	CLEARANCE AREAS	DEMOLITION & CLOSING ORDERS	BOROUGH ROAD IMPROVEMENTS	ROCK FERRY BY-PASS	BERTHA STREET/ VULCAN STREET	DEMOLITION OF CORPORATION PROPERTY	DANGEROUS BUILDINGS	VARIOUS									
		1	2																		3	4	5	6	7				
JANUARY	66	2	33	1	6	5	10	9	4	4	4	1	12	13	2	1	1	2	11	1	1	169	1	169	87				
FEBRUARY	60	4	60	5	4	4	9	4	15	6	3	1	9	13	2	1	1	4	8	1	1	199	1	199	112				
MARCH	84	3	50	7	4	12	9	30	8	16	4	1	4	3	1	3	5	9	9	1	1	258	1	262	136				
APRIL	83	1	37	6	4	10	9	15	6	4	3	1	4	5	3	1	2	13	13	1	1	207	1	211	89				
MAY	53	3	41	9	4	8	11	7	10	9	1	1	11	2	1	1	6	7	7	1	1	184	1	186	64				
JUNE	36	1	20	4	8	7	1	4	6	1	1	1	30	1	1	1	2	7	7	1	1	128	1	128	43				
JULY	24	1	12	6	10	2	2	5	1	6	1	1	22	3	1	1	1	9	9	1	1	103	1	104	17				
AUGUST	28	1	23	3	5	3	1	7	7	6	1	1	14	4	1	1	10	8	8	1	1	116	1	116	43				
SEPTEMBER	24	2	8	4	1	12	6	7	14	8	2	1	15	4	1	2	2	20	20	1	1	129	1	131	34				
OCTOBER	24	2	19	5	1	19	4	9	9	4	4	1	19	1	1	1	7	18	18	1	1	139	1	139	54				
NOVEMBER	38	2	10	10	8	22	3	6	4	4	1	1	11	1	1	1	4	24	24	1	1	143	1	143	49				
DECEMBER	20	1	7	5	2	11	2	2	4	5	11	1	20	1	1	1	10	18	18	1	1	115	1	116	35				
	540	*15	320	*65	51	117	70	*107	87	77	15	2	180	21	9	6	52	152	2	2	1890	17	1907	765					
	555		385																										
			940		51			381			94										424								

\* Rehoused on medical priority - Lodgers 15  
 Tenants (Private) 65  
 Tenants (Corporation) 107  
 TOTAL: 187

Casual vacancies for 1971 = 626



TABLE II

ILL CASES STILL WAITING 19TH JANUARY, 1972: 239

The following details show the area in which they are living at present and the type of housing needed.

			<u>TOTAL</u>
For A1F Central	1st Priority	1	
	2nd Priority	5	9
	3rd Priority	3	
For A1F Woodchurch/Thingwall	1st Priority	6	
	2nd Priority	27	33
For A1F Ford/Noctorum	1st Priority	2	
	2nd Priority	13	18
	3rd Priority	3	
For A1F South	1st Priority	16	
	2nd Priority	37	61
	3rd Priority	8	
For A2F South	1st Priority	8	
	2nd Priority	12	23
	3rd Priority	3	
For A2F Ford/Noctorum	2nd Priority	2	2
For A2 Woodchurch	1st Priority	5	
	2nd Priority	8	14
	3rd Priority	1	
For A2 North/Central	1st Priority	4	
	2nd Priority	3	9
	3rd Priority	2	
For A3 North	1st Priority	2	
	2nd Priority	10	12
For A3 Noctorum	1st Priority	1	
	2nd Priority	2	9
	3rd Priority	6	
For A3 South	1st Priority	3	
	2nd Priority	11	16
	3rd Priority	2	
For A3 Woodchurch	1st Priority	4	
	2nd Priority	8	14
	3rd Priority	2	
For A4 Woodchurch	1st Priority	2	
	2nd Priority	2	6
	3rd Priority	2	
For A4 South	1st Priority	1	
	2nd Priority	2	3
NIL			
For A4 North	2nd Priority	2	2
			<u>TOTAL:</u> 231

EXPLANATORY NOTE:-

To be investigated with Visitors: 8

A1F = Non-Parlour type 1-bedroomed Flat  
 A2F = " " " 2-bedroomed Flat  
 A3F = " " " 3-bedroomed Flat  
 A2 = Non-Parlour type 2-bedroomed House  
 A3 = " " " 3-bedroomed House  
 A4 = " " " 4-bedroomed House

ALL accommodation with the prefix "B" are of the parlour-type.

239

TABLE C - ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED  
PREMISES AT END OF YEAR

Class of workplace	Number of persons employed
(1)	(2)
Offices	3480
Retail shops	3680
Wholesale departments, warehouses	369
Catering establishment open to the public	1587
Canteens	103
Fuel Storage depots	11
Total	9230

Total Males 2969

Total Females 6261

Total: 9230

TABLE D - EXEMPTIONS ... .. Part I and Part II NIL  
Part III - Sanitary Convenience (Sec:9)

Class of premises	No. of exemptions current at end of year	No. of exemptions newly granted
(1)	(2)	(3)
Offices	1	1
<u>Part IV - Washing Facilities (Sec:10(1))</u>		
Offices	1	1

TABLE E - PROSECUTIONS ... .. NIL

TABLE F - STAFF

No. of Inspectors appointed ( only one inspector  
under Section 52 (1) or (5) ( is employed full-  
of the Act 17 ( time in this work

No. of other staff employed for  
most of their time on work in  
connection with the Act ... .. NIL

## REGISTRATIONS

87 premises were registered during the year. 60 of these were registered only after owners or occupiers had been made aware of their responsibilities during visits by the specialist member of the staff responsible for administration of the Act, and Forms O.S.R.I. had been delivered for completion by the person responsible. In order to maintain an accurate register, it is found necessary to carry out planned street surveys when routine inspections of the premises reveal whether premises are either registered or whether they should be registered. It appears that many employers, for reasons best known to themselves, are unaware of their responsibility to register premises in accordance with the provisions of the Act and in my view this calls for better communication between Central and Local Government Departments. For example, when a Company is registered (if it is a new Company) then in my view the Central Government Department responsible should advise the Secretary or directors of the new company of their obligations to register under the Offices, Shops and Railway Premises Act 1963. Similarly, solicitors acting for the new company should advise them of this responsibility. Within the Local Authority, inter-departmental liaison is also necessary either through the Planning or Rating Departments.

The Central Re-development Area in Birkenhead together with slum clearance and road improvement works have been the major cause of closure of premises, the records showing there to be an overall reduction of 48 premises on the register. However, the development of shopping precincts on the outskirts of the Borough, particularly on Corporation estates, have compensated for the reduction in registration and this is the reason that the number of registrations has been reduced by only 48 in the year under review.

From observations it is apparent that well established National organisations are well aware of the requirements of the Act and it is pleasing to report that their representatives seek advice of the Local Authority when it is their intention to acquire, enlarge or alter premises.

The reduction of the number of premises on the register has also led to a reduction in the number of persons employed and Table "C" will show that the reduction amounts to 59 persons. Investigations however show that the reduction is only the result of closure of premises and not the result of mechanisation generally within the premises in the Borough, though it is unfortunate however, that in an area of higher than average unemployment, there should be any reduction in the number of persons employed in this class of work.

It is the policy of Birkenhead Corporation that all premises on the register are inspected at least once a year and credit to the inspectorate must be paid in carrying out this policy despite increases of work in other directions. Follow up inspections are made within a reasonable time if it has been necessary to bring contraventions to the notice of occupiers during any earlier visit. On the whole, whenever notices have been served in respect of defects and contraventions within premises, they have been quickly complied with, though there has been necessity to bring pressure to bear on recalcitrant employers.

GENERAL COMMENTS

It appears however that the staff have the confidence of most of the employers and furthermore receive from them the utmost co-operation. Since the Act came into operation the inspectorate has become more engaged in an advisory capacity though it is of course necessary that they should have legislation to back them up whenever this is necessary.

The summary of the contraventions at the end of this report indicates that the average condition of premises has considerably improved over the last few years. A noticeable increase in the number of enquiries made by employers relating to hours of work, meal breaks, rates of pay, employment of young persons and shop hours, has taken place and these have been referred on every occasion to the appropriate enforcing authority.

On one occasion a dispute between an employer and employees resulted in two female shop assistants being dismissed for refusing to carry stock from the ground floor into the basement. The ladies concerned were of the opinion that there was a contravention of the provisions of Section 23 of the Act relating to the prohibition of heavy work. The voluntary arbitration of the Local Authority Inspector provided a valuable and speedy solution to the problem which resulted in both persons being re-engaged.

Several large organisations in the Borough have set up Training Centres for their staff, whilst others use part of the period of employment for training purposes, this being carried out within the store. The training carried out relates to good housekeeping, safety and detailed instructions in relation to the operation of machines. The Corporation's staff are always available to assist at training centres though they are only rarely called upon. I can only presume therefore, that either there is a natural reluctance on the part of some employers to become involved in "officialdom" (not understanding that co-operation is the main aim of the department). They must believe in keeping their staff "in the dark" on some matters, and seem to take the view that the Department's staff may reveal too much to their own staff. This demonstrates the necessity of an Act as the one to which this report relates, which protects the welfare of the persons employed.

Explanatory leaflets issued by Central Government to Local Authorities have been of considerable benefit to the Inspectorate (other Central Government Departments, take note!). Furthermore, some of the literature has been made available for distribution to the trade. One such leaflet (S.H.W. 14: "Safe use of slicing machines" was found to be of such value that I felt it necessary to circulate it to every premises (registered or not!) in which slicing machines are in use in the Borough. The value of the booklet is that it serves to supplement training in handling slicing machines which were the cause of a number of accidents among employees.

Speculative development of property does sometimes create problems in that outline planning consent may be given which shows that the premises comply with either Town and Country Planning Acts or the Building Regulations. However, compliance with these does not necessarily mean that the premises will be



satisfactory from the aspect of the Offices, Shops and Railway Premises Act, 1963 as a result of which it is necessary, from time to time, to require the provision of additional sanitary accommodation, washing facilities or other amenities. It has been necessary to require additional lighting or ventilation; internal finishes of buildings have also required additional consideration. Similar circumstances have arisen when property, previously subject to the provisions of the Factories Act, changes in use and then becomes subject to the Offices, Shops and Railway Premises Act, 1963, there being differing standards of amenity in these two classes of premises.

Perhaps at this point in the report I might refer to what I believe is a somewhat ludicrous situation which leads to some extent to the duplication of visits to premises. I refer particularly to premises which are subject to either the Factories Act 1961 or the Offices, Shops and Railway Premises Act, 1963. The Local Authority's responsibilities insofar as the Factories Act is concerned, relates to a number of provisions of the Act insofar as non-power factories are concerned and only the provisions of the Sanitary Accommodation Regulations 1938 in respect of power factories (there are very few non-power factories nowadays).

As far as the Offices, Shops and Railway Premises Act 1963 is concerned, the Local Authority's responsibilities cover all premises outside the curtilage of a factory, with the exception of Local Authority occupied buildings and Crown premises.

In order to prevent duplication and subsequently save a certain amount of manpower and also to prevent confusion insofar as employers and employees are concerned, I would suggest that the time has arrived when H.M. Factories Inspectorate might be made responsible for the administration of all aspects of the Factories Act and Offices, Shops and Railway Premises Act within the curtilage of either power or non-power factories, whilst the Local Authority takes responsibility for all premises outside the curtilage of a factory except for Crown premises and Local Authority occupied premises.

These suggestions are made purely to improve administration and are not intended to reflect on the relationship between the department's staff and the Factory Inspectorate. It is pleasing to report that there is a very happy relationship between the two departments and I hope that the co-operation both offered and received will continue in the future.

#### FACILITIES FOR TAKING MEALS

I am of the opinion that statutory provision for facilities for taking of meals should be extended to all premises. At present the only provision relating to this is in respect of shop premises but I take the view that with more married women working, there is an all round increase in the number of people who do not return to their homes for mid-day meals. This results in members of staff frequently eating sandwiches and having hot drinks in the place in which they are employed and very often, insofar as commercial premises are concerned, one can go into general office offices, only to find the staff sitting eating their sandwiches in full view of the public. They have no privacy whatever and I

am advised that they almost feel obliged to get up to assist the member of staff on duty if there are periods of pressure even during their lunch break. It would not necessarily lead to a very considerable increase in the amount of space needed within premises to provide these facilities.

### LIGHTING

The days when windows were necessary to provide lighting within premises have long since passed and in even the small street corner shop, the window serves only for display and advertising purposes, electricity being used throughout the day for lighting purposes. The standard of lighting continues to improve, employers no doubt realising that good lighting gives incentive to the staff, aids security and encourages the public to view goods. Fluorescent lighting is the most common form of lighting in all premises subject to registration and this form of lighting increases efficiency with little additional running costs. Advice has been given to occupiers of premises in respect of lighting, decoration and light reflection though it may be necessary at some time in the future to consider having a statutory glare index which should not be exceeded, for there are parts of stores at times where the lighting does introduce the glare feature.

A large number of readings have been taken with a light meter but there have only been rare occasions of criticism of the standard of lighting. One of the problems of fluorescent lighting however appears that the tubes, when becoming worn, do tend to flicker and indeed, it is claimed that some persons can detect the flickering of the light even when the tube is not worn.

Flickering tubes in my view should be immediately replaced for they do have a detrimental effect on the persons working in close proximity.

### VENTILATION

Since the Act came into operation the installation of heating and ventilation systems in premises has led to a marked improvement in the general standard of ventilation. It has however been necessary on occasions, to advise occupiers of premises to ensure that ducts and gratings are periodically cleaned in order that efficiency is not impaired and to ensure clean working conditions. However, more consideration must in the future be paid to the discharge points for ventilation ducting, for there is little purpose in creating a pleasant working environment only to cause distress to some other persons as a result of a badly selected point of discharge. It is also necessary that fans serving ventilation and heating systems should operate quietly for the amount of noise that ventilation fans can produce is fairly considerable, not only as a result of the fans being badly planned or the bearings being worn, but also as a result of the movement of air through the grating or ducting. Indeed, I can recall interviewing one member of staff in premises where a very modern plant was installed and his comment was that he heard the silence after the equipment was turned off - he became very used to the noisy environment created by the fan whilst it was in operation.

In so far as licensed premises and clubs are concerned and

restaurants, it is necessary that visits are paid sometimes outside normal office hours in order to ensure that the ventilation systems installed are adequate. After all, the time that a ventilation system is mostly needed, is the time that the premises are mostly patronised. My comments regarding discharge points of ventilation systems apply particularly to cooking establishments, launderettes and dry cleaning premises.

### HOISTS AND LIFTS

During the year under review only one examination report has been received from a Lift Engineering Company drawing my attention to defects which required to be remedied in a lift system. As a result of examinations and inspections of hoists and lifts by the inspectorate in various premises and the subsequent recommendations for work being carried out, two bullion lifts, one goods lift and one passenger/goods hoist were replaced in the Borough.

The value of the service provided by the Local Authority in administering the Hoists and Lifts Regulations is demonstrated in that on one occasion, the inspectorate was called in by the Insurance Examiners who subsequently refused to issue a test certificate. The hoist had been designed and constructed by the Works Department of a multiple organisation, who had classified it as a passenger/goods lift. Examination however revealed that the lifting block and structure did not comply with the requirements of the Act and detailed examination revealed also that it could not be modified to conform with the statutory requirements. At the time of preparation of this report, the apparatus is in the process of being dismantled.

### SUMMARY OF INSPECTIONS OF HOISTS AND LIFTS

<u>Type of Lifts</u>	<u>Number of Inspections</u>
Passenger (only)	9
Passenger/Goods	12
Goods (only)	15
Service	10
Bullion	10
Platform	1

### ACCIDENTS

51 accidents were reported during the year of which 19 received investigation.

- 51% occurred in shop premises
- 22% occurred in office premises
- 11% occurred in wholesale warehouses
- 14% occurred in catering establishments
- 2% occurred in fuel depots
- 24% were caused by falls
- 33% were caused by handling goods
- 12½% were caused by machinery



The number of accidents reported relates to 0.55% of staff employed in sedentary work.

No fatal accidents were reported.

There was an increase of seven accidents reported during the year by comparison with the previous year. I am still not satisfied that the Local Authority is being notified of all of the accidents that are taking place within premises subject to the Offices, Shops and Railway Premises Act, 1963. In most cases, accident notification has been from multiple organisations, whose policy is to comply with the Act by notification and all branch managers and area supervisors are informed of their responsibilities. However, there must be a considerable number of accidents taking place in smaller premises of which the Local Authority receive not notification at all. The Inspectorate during the course of their routine inspections are under instruction to examine the accident book in all premises and where a contravention has obviously taken place, this is drawn to the notice of the occupier.

However, even accident report books are not infallible and there is room for liaison between the Social Security Department, which receives notification of industrial injury, and officers responsible for the administration of the Offices, Shops and Railway Premises Act, 1963.

If this liaison existed, I am certain that the number of accidents reported and investigated during the course of a year would be considerably increased. This in turn would probably lead to an increase in safety standards within premises.

During the year legal proceedings were instituted against two companies in connection with the operation of gravity feed cooked meat slicing machines. Sections 17 and 19 of the Offices, Shops and Railway Premises Act, 1963 appeared to be contravened. The cases are due to be heard early in 1972 and will be subject to special reference in next year's report. The mis-use of gravity feed machines by operators is common practice in many establishments. Although the staff have received suitable and sufficient training and have been made well aware of the hazards to which they expose themselves, they continue to operate the machine wrongly. A typical example is that the last slice device (which is purposely designed to prevent injury to the operator) is often found to be in the disengaged position, the plastic guard removed and control of the slicing takes place only as a result of pressure of the hand on the meat. I believe that the only reason that operators expose themselves in this way is that they are too careless to remember or that they are too lazy to use the apparatus properly.

Enquiries at premises where slicing machines are used indicate that there is confusion between (a) the last slice device (Compensator) fitted to gravity feed machines and (b) the pusher fitted to small horizontal carriage machines.

#### Examples of accidents investigated

- (a) A report was received from the police in respect of an accident involving an 11 year old boy at a launderette. This



accident was not the subject of compulsory notification but it indicates the necessity for a greater degree of co-operation in respect of accident notification.

The injured boy was using a coin operated high speed spin dryer (back centrifugal extractor). He opened the lid whilst the machine was still under power and put his arm into the revolving drum to remove an article of clothing. As a result of his action he received an arm injury.

On the lid was a clear notice stating "Do not force cover" and "It will open automatically". Although the machine was equipped with an interlocking device, at the time of the accident the coils were defective. It was recommended that the lid of the machine be fitted with a hydraulic control lever which would secure the lid in the closed position before the machine would operate or alternatively would cut off the power and stop the machine immediately the control lever was released.

The common use of coin operated washing and dry cleaning machines in premises known generally as launderettes, in my view, is here to stay. Bearing in mind the likely risks of injury from movement of mechanical plant, exposure of electrical equipment and inflammable and/or toxic and suffocating gases, the time has come for the statutory necessity for all such premises to be registered, prior approval of the premises and equipment being a further safeguard. Whilst the risk of injury in the form described may be small, nevertheless it is real and every possible step needs to be taken to prevent any risk of further injury to persons resorting to the premises. In particular the risk applies to small children, for it is frequently found that cleaning in this form is carried out by children on behalf of their parents and it is these minors who are unable to fully understand the dangers or the need for strict precautions being taken.

I am sure that there is also more room for investigations from a public health aspect into the risk of spread of communicable disease through the use of such premises. One of the present disadvantages is the fact that some premises operating in this form, operate for many hours a day without an attendant being present.

- (b) A reported accident which occurred at a petrol service station involved a forecourt attendant. Whilst the attendant was serving a customer, petroleum spirit was being discharged from a tanker. It is well known that the discharge point for fuel to enter the storage tanks is usually a coupling within a manhole somewhere on the forecourt and on this occasion the manhole cover had been removed and left in a position partly beyond the boundary of the island on which the petrol pumps were situated. A customer's car collided with the protruding cover which was pushed against the forecourt attendant's feet causing injury to both feet. Several recommendations were made to prevent any recurrences. The manhole cover was made to be sectional in order that pumping operations could be carried out without causing an obstruction or without the hazard of an open sump remaining.

Two accidents which had not been reported only came to light as a result of the scrutiny of accident books at premises.

### Complaints

Two complaints were received regarding smell nuisances from dry cleaning plant and on investigation it was apparent that "Perklone" vapour from a coin operated dry cleaning machine had been released within the premises. As a result of the high temperature in the premises the vapour rose and became trapped in the cavity formed by a false ceiling within the premises. The vapour had passed through an improperly constructed party wall and was causing nuisance in the adjoining premises.

### SUMMARY OF CONTRAVENTIONS

Section	4	Cleanliness	43
"	5	Overcrowding	-
"	6	Temperature	23
"	7	Ventilation	6
"	8	Lighting	20
"	9	Sanitary Conveniences	63
"	10	Washing Facilities	27
"	12	Accommodation for clothing	3
"	15	Eating facilities	2
"	16	Floors, passages and stairs	59
"	17	Guarding of machinery	13
"	24	First Aid	40
"	49	Notification of employment	43
"	50	Information to employees	63
		Hoists and Lifts	12
			<hr/> 417

### EXEMPTIONS

One certificate of exemption in accordance with the provisions of Section 46 of the Act is in operation in the Borough. The exemption is in respect of the absence of sanitary conveniences in a temporary office on a privately owned car park, alternative accommodation being sufficiently close at hand to satisfy the requirements of the Act. Washing facilities are similarly exempted.

### COMMENTS ON THE MECHANICAL HANDLING OF GOODS

Modern methods of mechanical handling have become necessary to improve efficiency and give higher productivity in warehouses, storage depots and the larger retail stores. At a lower cost and with smaller labour forces, goods can be discharged from road transport vehicles into warehouses and suitably stored with a minimum of manual effort. Furthermore, stacking may take place far more economically with the use of equipment, for containers may be placed one on top of the other, thus saving valuable floor

space. The transport of goods by container both in shipping and road services is probably the most recent method of transportation. This leads to a considerable reduction in the handling of goods by staff and no doubt this in turn results in a lesser number of minor accidents being reported.

The introduction of mechanical handling, however, could result in more serious types of accidents.

The most common types of conveyancing equipment are:-

Belt and roller conveyors

Non-powered rollers

Stacker and Fork Lift trucks

Hydraulic operated pedestrian transporters

In the operation of this type of equipment, although partially supervised by management, operators are generally persons in the lower age group. Consequently not only should they receive special instructions and satisfy the management of their competence to be in charge of such machinery or vehicle, they should be made fully aware that misuse could result in the occurrence of a fatal or serious accident.

Driving a vehicle within the bounds of a warehouse without consideration, due care and attention, is not a punishable offence. As a result of neglect an accident could occur with equal consequence.

The danger of hitching a lift on a Fork Lift truck could be fatal. This practice should result in disciplinary action being taken both against the offender and the driver. Similar action should be taken by management as a result of persons riding on conveyors not designed for this purpose. Manually propelled hydraulic fork pedestrian transporters are in use in many establishments. These vehicles although non-powered, are operated by young persons many of whom use the vehicle after dropping a load, as a scooter, with one foot on the vehicle and propelling it with the other foot. The brake is operated when the handle is parallel to the vehicle, which instantly brings the vehicle to a halt. In the event of the vehicle coming into contact with an obstruction or uneven floor surface, the steering handle would immediately activate the brake, causing the rider to be thrown.

Palletisation has become the most practical method of conveying and storing goods.

It is considered that all pallets imported with goods and all pallets used in the country should be standardised i.e. 48" x 40" x 4 $\frac{1}{2}$ " - four way.

Pallets received from foreign ports, such as Australia and Holland, do not conform with any standard specification in respect of dimension, quality of materials or construction. Not surprisingly these pallets are non-returnable, whereas pallets in general use are returnable. Goods received on foreign pallets carrying boxes and cartons are bounded and bonded. This method basically



is a good idea, providing that the pallet does not bend or buckle.

The construction of this type of pallet lends itself to distortion and breakage. Occasions have arisen when it has been considered necessary to refuse acceptance of road transport deliveries. Immediately the sheets of tarpaulins have been removed from the vehicle, the load has become insecure. Similar loads accepted on this type of pallet, for safestacking, requires that an additional type of standard pallet be used in order to ensure safe storage.

Goods being transported by fork lift trucks, with the use of pallets, would weight up to one ton. The stability of such a load in conveyance and storage is of the utmost importance, not only in transit but also in storage, in that one consignment is stacked on top of another. Unless the weight is maintained on the same horizontal plane, the balance of the load will not be maintained and the goods will collapse.

#### Height Restriction and Overhead Power Cables

It is not considered to be sufficient where there are height restrictions, for them to be clearly marked. A warning system activated by photo-electric devices or electric contact strips would prove to be more effective.

#### ATMOSPHERIC POLLUTION

##### Industrial Pollution

The amount of smoke from this source is now minimal as a result of the continuing vigilance on the part of the Inspectorate and the further realisation by industrialists that it pays to modernise boiler plant. The old adage of "where there's muck there's money" used to exist owing to the fact that employees in industry knew that as long as smoke was seen coming from the factory chimney they were in employment and therefore making money. Nowadays we may still use the same adage but re-translate this meaning to indicate that the industrialist is burning money. For many years, for example, the Gas Industry sold "smoke" to the public as Coal Gas. That same smoke, be it coal or oil-fired plant could be treated in the same manner if produced in sufficient quantity and sold, for it contains a very high proportion of combustible matter. It is pleasing that modern chimneys are now so rarely seen to emit smoke though it must be appreciated that they still produce pollution of other sorts, in the case of oil, particularly Sulphur Dioxide. It is the result of the presence of Sulphur in fuel that modern chimneys are much higher, for example, than the older chimneys. Strangely enough this height is only for the purpose of dispersing the products of combustion to avoid high levels of pollution at ground level whereas many years ago chimney height was necessary to give good draught to the furnace. There may occasionally be a conflict with planning interests when one requires that chimneys are constructed at greater heights than usual. My belief, however, is that it is better to have a chimney that may look rather unsightly when it is first erected than to have a pleasant looking chimney which "poisons" anybody in the vicinity. As a result of the co-operation of the Borough Engineer and Planning Officer there have been few problems regarding chimney



height and investigations carried out by me show how rare it is that the public have noticed a chimney after it has been erected. New furnaces being installed in the Borough are almost invariably heated by either liquid or gaseous fuels which are more readily automatically controlled and it is possible for such plant to operate needing little supervision but very regular maintenance. The result of these modern furnaces is higher efficiency and greater output of energy per pound of fuel burned. It is imperative, if the extent of air pollution in the area is to be properly controlled, that strict enforcement of the Clean Air Acts be maintained and that regulations controlling chimney heights are strictly enforced.

### Smoke Control Areas

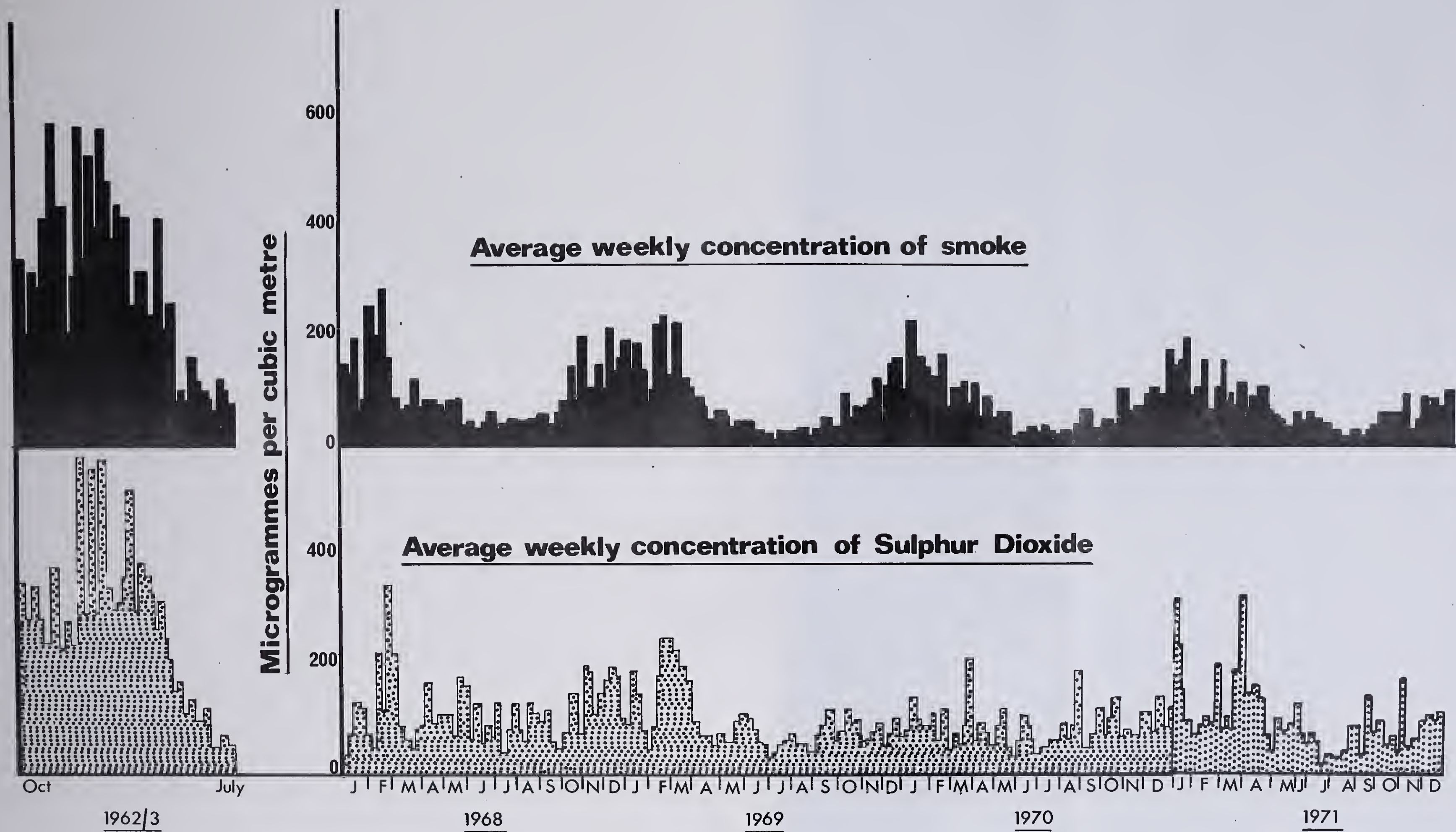
It was unfortunate that as a result of the mid-winter shortage of solid smokeless fuel it was necessary for the Council to apply to the Secretary of State for the Department of the Environment for the temporary suspension of all of the 9 smoke control areas in operation in the Borough. The blame for the shortage of solid, smokeless fuel was put by one industry on to another - it certainly indicated a complete lack of appraisal of the National situation by Central Government Departments. That suspensions had to be made at all was regrettable but it did result in the complete re-appraisal of the situation so that industry made provision for more supplies of solid, smokeless fuel, and I understand that there will be no need for further suspensions. Assurances to this effect have been given by Central Government Departments and by the Solid Smokeless Fuel Federation and the National Coal Board, and it is now for them to see that they maintain their pledge. It is estimated, for example, that by 1972 there will be an increase in the production of solid, smokeless fuel amounting to one million tons annually. There is no doubt whatever that in the past few years there has been a trend for conversions in Smoke Control Areas to be to the benefit of Gas or Electricity Industries, but now that the assurances have been given by the Solid Fuel Industry perhaps the pendulum may swing back in the other direction and give a share to all of the industries involved. Massive investments have been undertaken by the National Coal Board and independent producers to provide the fuel by the construction of new plant, and one can imagine that these investments would not have been made without regard to the long term value of the investment. The result of the shortage of solid, smokeless fuel led to the importation from the Continent of new classes of smokeless fuel, and I would like to place on record my appreciation of the efforts made locally by the fuel distributors to ensure that supplies of fuel were as adequate as they could be. During the course of the difficult days of the suspension of the Smoke Control Orders I had constant interviews with the solid fuel distributors who kept me apprised of the situation on a day-to-day basis. It is unfortunate, however, that some of the retail traders have reneged and despite that fact that they are not members of the Approved Coal Merchants' Scheme, some people obtained supplies of unauthorised fuel and sold it in the Smoke Control Areas contrary to the provisions of the Clean Air Act, 1968. If the public did not buy this fuel then there would be no reason for the traders to go into the area selling coal illicitly, and whilst I have avoided prosecuting members of the public I may find it necessary to recommend such prosecutions in the future.



CLEAN AIR ACT, 1956. An industrial installed wood upholstering plant to reduce smoke nuisance which had existed for many years.





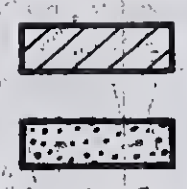
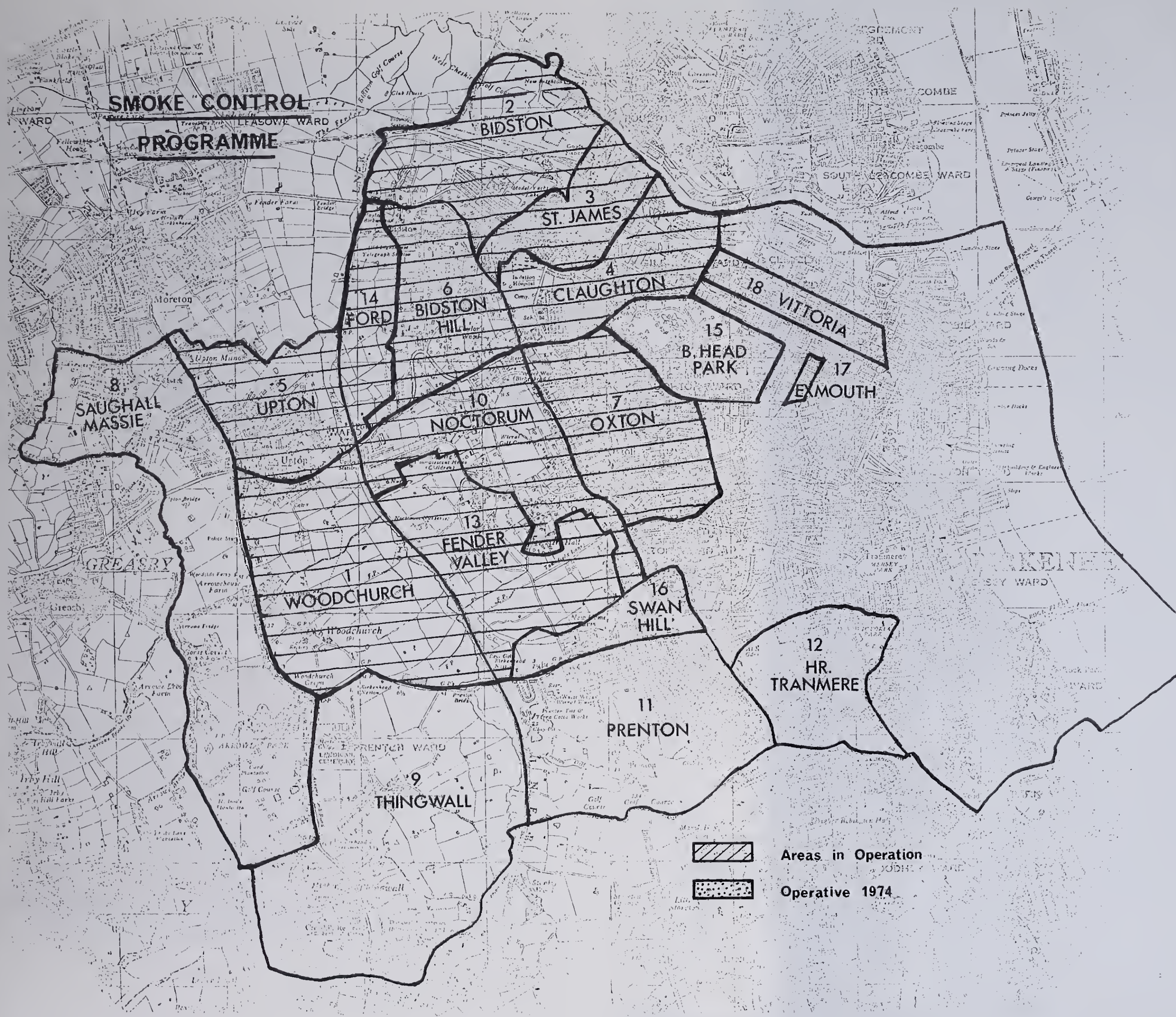








# SMOKE CONTROL PROGRAMME



Areas in Operation  
Operative 1974





The Oxton No. 7 Smoke Control Order came into operation on the 1st September, 1971, and during the year surveys were completed for the Thingwall No. 9 and the Exmouth No. 17 areas. Confirmation was also received during the year for the Saughall Massie No. 8 Smoke Control Area which comes into operation in 1972. The number of premises subject to Smoke Control Orders at the end of the year totalled 18,293, being approximately 40% of the houses in the Borough, and the acreage amounted to 3,116 which represents no less than 37% of the Borough. The result of the year's efforts will, however, show a vast increase in the amount of domestic smoke control by the end of 1972, and it is pleasing to report that the "League Tables" published by the North West Economic Planning Council for all Local Authorities in the North West show that Birkenhead has been promoted to a higher division as a result of the increase in the number of premises contained in the Smoke Control Areas. By the maintenance of this rate of progress in a year or two the Borough will have one of the best records in Smoke Control, not only in the region but in the country. The following table gives details of Smoke Control Areas in operation:-

	No. of Acres	No. of Buildings at date of order	No. of Premises at 31.12.71	Made	Confirmed	Order Operative
1. Woodchurch	394	3002	4444	8. 2.61	13.7.61	1. 7.62
2. Bidston	386	719	720	23. 3.62	31.5.62	1. 7.62
3. St. James	196	1907	1907	21. 2.63	21.5.63	1. 7.64
13. Fender Valley	418	55	1669	11.11.64	8.7.65	1. 7.66
14. Ford	174	2	1759	11.11.64	8.7.65	1. 7.66
4. Claughton	277	2922	2975	21.10.65	25.3.66	1. 7.67
5. Upton	281	1071	1184	25. 8.66	6.1.67	1.10.67
6. Bidston Hill	269	181	211	25.10.67	24.1.68	1. 8.68
10. Noctorum	371	1024	1152	15. 1.69	10.7.69	1. 7.70
7. Oxton	350	2196	2272	24. 2.70	7.1.71	1. 9.71
TOTALS:	3116	13,079	18,293	-	-	-
8. Saughall Massie	879	1211	1300	4. 3.71	24.9.71	1. 9.72

#### CLEAN AIR ACTS, 1956 and 1968

Number of complaints received (Sections 1, 9 and 16)	23
Number of observations of factory chimneys	37
Number of contraventions recorded (Sections 1, 9 and 16)	70
Number of prosecutions	1
Number of visits to factories	43

#### CLEAN AIR ACTS, 1956 and 1968

Notification of installation of furnaces Section 3)	7
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Prior approval of new furnace installation  
 New chimney heights approved (Section 6)

Nil  
 6

### NATIONAL SURVEY OF AIR POLLUTION

The Department has contributed towards the National Survey of Air Pollution by submitting returns of amounts of pollution to the Warren Spring Laboratory. All the four stations which have been in operation since December, 1961 are "National Survey Stations" and information obtained as a result of this survey indicates the extent and movement of pollution throughout the country. The survey gives a daily record of the amount of smoke and Sulphur Dioxide present in the air in the vicinity of each station, viz:-

- |                                  |                                       |
|----------------------------------|---------------------------------------|
| 1) Tranmere Abattoir             | - an industrial area                  |
| 2) Central Library               | - a densely built up residential area |
| 3) Water Tower,<br>Boundary Road | - a lightly built up residential area |
| 4) Woodchurch Estate             | - a smoke control area                |

### THE DOG WARDEN SCHEME

The love of the Briton for his dog is known internationally and there is no doubt about it, many of our kinsfolk put their pets before themselves. Whether this is right or wrong is another matter, but I must confess great pleasure at the companionship that is often found to exist between humans and their dogs, particularly in the case of the aged where often the dog is the only companion that they have. However, one of the things that appals me is the amount of fouling of the footpaths that exists in this country and particularly in Birkenhead. I think that any member of the public who pays an early morning visit to Hamilton Square before the street cleaners have been out would be horrified at the amount of fouling that exists. It is for this reason, among others, that when the Public Safety Committee discussed the question of dog control at a meeting at the end of 1970 that I volunteered to try to help in the matter of Dog control for it was not only the dog fouling that concerned me but also the vast number of dogs that seemed to be wandering uncontrolled all over the town, and particularly on the Corporation estates. I shudder to think what would happen locally if, for example, a rabid animal escaped from one of the ships in the docks, though this is, of course, unlikely. My investigations showed that the Corporation were able to control dogs as a result of the existence of the Road Traffic Act, 1960 (The Birkenhead County Borough Council) (Control of Dogs on Roads) Order 1961). The order designated the following roads in the Borough:-

Borough Road  
 Conway Street  
 Park Road North (from Conway Street to Laird Street)  
 Laird Street (from Park Road North to St. James' Road)  
 St. James' Road  
 Hoylake Road  
 New Chester Road.

The order makes it an offence for any person owning a dog to

permit it to roam on one of the designated roads and on summary conviction a penalty may be imposed by a Magistrate. Further legislative control was contained in the Good Rule and Government Bye Laws which were in operation in the Borough and these provide that no person in charge of a dog shall allow that dog to foul the footpath of any street or public place. (Advice from the Central Government Department indicated that the grass verge is not considered part of the footpath and neither can the Council's bye-laws be amended to include the grass verge). My own view on the Central Government Department's advice is that it is ludicrous, for the danger from dog dirt is greater on unpaved surfaces than on paved surfaces, for on the latter it may be seen and removed by street cleaning but it certainly is not, and cannot, be removed from the grass verge, in which situation it is often camouflaged by the grass.

From a Public Health aspect it is a known fact that dogs carry with them food poisoning or certain worm infestations which are likely to cause serious ill health in human beings. In an attempt to reduce the number of uncontrolled dogs roaming on the highway I recommended to the Council that the Order and Bye Laws referred to above should be more strictly enforced and that it would not only reduce the amount of fouling, and, therefore, risk of public ill-health, but would also contribute to some extent towards road safety. In an attempt to make a success of the proposals regarding dog control the Council agreed to the appointment of Mr. J. Glover, the Senior Technical Assistant (Pest Control) acting as Dog Warden for a period of twelve months, and I greatly appreciate the training that was afforded to him and the co-operation of both the Royal Society for the Prevention of Cruelty to Animals and the Cheshire County Constabulary. The first few days of the operation of the scheme were used for the purpose of gaining publicity, encouraging the public to keep their dogs under better control and indeed the scheme proved to be most effective. People previously seen walking their dogs not on leads or allowing their dogs to roam the streets uncontrolled, quickly realised that if they did not keep their dogs under control, they would be seized and taken to the Police Dog Pound. This was done, in fact, on a number of occasions and when the public claimed their dogs, proceedings were instituted successfully. The fact of having dogs on leads on the seven roads of the Borough has had two effects; first of all it reduced the risk of road accidents, which is the prime motivation; secondly, when a dog is on a lead it is under control and therefore subject to the bye-laws regarding fouling of the footpath, and it is felt that by this "two edged sword" to some extent there may have been some reduction in the fouling of the footpaths in the Borough. I am of the opinion that the Scheme has been sufficiently effective to make recommendations for its extension in 1972, though it is, of course, a matter of Council policy as to whether the scheme should be extended. It is amazing, however, that despite the fact that the public are emotional, and quite rightly, towards the ill-treatment of animals, little or no passion has been expressed in the past about dogs wandering on the highway. Indeed the public have found it difficult to understand why the scheme has not been extended to cover all of the roads in the Borough from the time of its inception, and investigations of the numbers of dogs roaming the Council Estates lead me to believe that there is a case for the extension of the service.



DEPARTMENT OF THE ENVIRONMENT

SYMPOSIUM OF  
GENERAL IMPROVEMENT AREAS  
IMPROVEMENT GRANTS AND REPAIRS

HOUSE IMPROVEMENT AND REPAIR - THE PRIVATE ASPECT

by

C.D. DARLEY, F.R.S.H., M.A.P.H.I.,  
Chief Public Health Inspector, County Borough of Birkenhead

CHESTER - 29TH APRIL, 1971





HOUSE IMPROVEMENT AND REPAIR - THE PRIVATE ASPECTbyC.D. DARLEY, F.R.S.H., M.A.P.H.I.,Chief Public Health Inspector, County Borough of Birkenhead.INTRODUCTION

"When the then Minister of Housing and Local Government was making his closing speech on the second reading of the Housing Bill, before the House of Commons, he quoted from the Book of Isaiah, Ch.61, verse 4 ".....and they shall build the old houses, they shall raise up the former desolation and they shall repair the waste cities, the desolation of many generations."

It is with this in mind that I have considered the Housing Act 1969 but before attempting to discuss its operation we must first understand its necessity - in management terms this may be considered to be the objective, and the aim is for the problem to be overcome. The "in" expression of the 1970's appears to be "environmental pollution" but the term in my view is not understood by any but a small few people in Local and Central Government. I would hazard a guess that the average number of the public would describe environmental pollution as the problem of oil washing up on the beaches. A few more enlightened people might include the pollution of food and air within the definition but very few would relate it to housing. Pollution is thought to be new but this is far from the fact. The book of Genesis records the first known matter of environmental pollution for in the environment of the Garden of Eden, Eve gave Adam the apple which was the form of pollution which made him corrupt, and able to determine right from wrong.

From these very early beginnings, man has been able to determine good from bad housing and later the same book refers to the building of the Ark and no doubt a vessel of this kind must have contained all of the amenities!!!

Speaking on a more serious note, I would suggest that much of the problem of bad housing in this country is related both to the geographical and geological situation of the country. The temperate climate of this country is such that whilst there is no extreme of temperature, nevertheless there is a wide variation, with unreliable weather bringing hot, cold, wet and dry weather on successive days.

Only at the time of the Roman occupation was bathing introduced into this country and no doubt they themselves introduced it because they were more used to the need of bathing, coming from a much hotter country. After the Roman occupation, however, there was little record of proper bathing amenities being provided in houses and indeed it was often thought to be unhealthy to bathe. I believe the first Queen Elizabeth was heard to say that she bathed three times a year whether she needed it or not, and I have heard rumours that even Buckingham Palace, at the end of Queen Victoria's reign, contained only one bathroom, although I am not

able to substantiate that this is a fact.

The natural resources of this country were not sufficient to provide adequate or suitable materials for the building of houses. One finds in countries with more natural stone, large numbers of stone houses but these are limited in this country to a few areas in the North or South West - other stone buildings in our towns were developed from imported stone. Timber houses, however, are common in countries with large areas of afforestation. During the course of the Industrial Revolution it was essential to house the workers in conurbations close to the factories and the most convenient structure was of brick, because after construction, maintenance costs were particularly low. The bricks were baked from local clays and were quite satisfactory for the first 20 to 30 years of their use, after which they became so saturated with water that they acted virtually as sponges. Whilst this form of housing nowadays seems so poor and inadequate, we must appreciate that in the mid 19th century, it was probably very attractive to the new tenants who had been used only to rural cottages with earth floors. A stand-pipe in the yard was probably a luxury instead of having to walk a hundred yards to the village pump. Nowadays when an estate is developed, the roads and sewers are laid first and when the houses are built, they are connected on to the drainage system. In the last century when these houses were built, there was invariably no drainage system and indeed this is quite evident when one sees rainwater pipes discharging over footpaths and obvious connections from what must have been previously pail closets, to new drainage systems.

Even 30 years ago the daily bath was a luxury but in his aim to achieve a higher standard of living, man is quickly coming to recognise the necessity for daily bathing.

If I may refer here to the town in which I am working, I would suggest that the County Borough of Birkenhead was a typical new town in the mid-nineteenth century. In 1810 records appear to suggest that it comprised a monastery with a hundred monks whose source of income was derived from the ferry service, when agricultural goods and animals were transported across the Mersey from the farms and cottages which existed on the Wirral. It is apparent that there were only a few country cottages on Wirral but indeed some still remain and can be seen in the Bidston and Oxtan areas of the Borough. In the mid 1830's a man named Laird beached a ship on the West side of the Mersey to repair it as the harbour dues were apparently less on the undeveloped side than they were on the Liverpool side. Repair crews were brought across on the ferries but it soon became apparent that it was a waste of time to spend part of the day traversing the  $1\frac{1}{2}$  miles of water when the workers might be housed on the Birkenhead side, as a result of which the town of Birkenhead developed. It was obviously not only a new town, but a prosperously expanding town for by the middle of the 1880's it had a population of not less than 80,000. The town continued to develop until soon after the first World War when it had a population of almost 150,000. The houses that were developed were basically well planned from the aspect of the layout of the streets (although I am not an expert in road design) but unfortunately they were grossly congested in small terraces and many houses have a frontage of not more than 12 feet and are built on a site with a depth of no more than 35 feet. The houses themselves were



incredibly small four roomed properties and one wonders how they managed to bring up the very large families that they had, in such cramped surroundings. The families who lived in these houses eventually found them damp, badly ventilated and virtually without modern amenities, though at some time, shallow sinks and internal water supplies had been provided in the back living room and the pail closet had been replaced by a short hopper water closet. Some of the tenants, in an attempt to give themselves more room, built temporary structures of wood and roofing felt to form kitchens, to enable all of the rooms in the house to be used for either living or sleeping purposes. Damp proof courses in the houses were non-existent and it is sad to relate that even after the 1939 - 1945 war, houses were built of solid brick containing no vertical damp proof course. Many of these old houses in Birkenhead have gone beyond the stage of repair and improvement and this is the reason that my Council have approved a Slum Clearance Programme containing nearly 4,000 houses to be dealt with between now and 1980. After that, there could be another 1,500 to 2,000 houses to be demolished owing to their inability to be improved or repaired but I have informed my Council that provided they administer the Housing Acts in the way that they should be administered, slum clearance could be completed in Birkenhead within a few years.

Now, how can this be?

#### THE FUTURE OF SLUM CLEARANCE

I contend that we must use the Housing Acts as they exist to bring this situation into effect. The Law has its failings - even weaknesses, but I am sure that, as time goes on, the law will be suitably amended, but until we prove the existence of the weaknesses (instead of referring to them theoretically) we must use the Acts sensibly to eradicate the scourge of constant slum clearance, for without repair and improvement, properties will continue to deteriorate to such an extent that slum clearance is the only action available. Slum clearance is costly both economically and socially. The new Act allows an owner/occupier to claim full market value for a house in a Clearance Area (or indeed any other house made subject to a Closing or Demolition Order by the Local Authority). Invariably, in addition to making Clearance Areas, the Local Authority must make Compulsory Purchase Orders to bring about a rational development of the cleared site, and such action may prove to be very costly and, to some extent, a negative approach. In some areas represented in Birkenhead during the last twelve months, between 30 and 40 per cent of the houses have been owner/occupied, though even these tenants have been most anxious to obtain more suitable accommodation. I would forecast that the percentage of owner/occupiers is likely to increase still further as time goes on and this in itself will lead to additional costs to the authority. Further monetary costs to the Council arise from the provision of alternative accommodation, for one often finds that more accommodation is required than are houses demolished and socially the cost is considerable, for one finds that the tenants have no desire to remove from a part of the town in which they have spent most of their lives, to a new outlying part, very often at the later stages in their lives, and it is in the new estates that the Director of Social Services must concentrate his efforts to look after "the unknown older citizens".



THE NEW ACT

The Housing Act 1969 if considered with other legislation which the local authority, through its Public Health Inspectorate, have a statutory duty to administer, can lead to the repair and improvement of houses, thus enabling tenants to remain in areas in which they have spent all of their lives and also enable landlords to recover greater rents from their properties and thereby having more incentive to maintain them. Many owners will maintain that the rent increases are inadequate. Nevertheless they must look upon the improvement of the property as an investment, for they will have increased their capital value (which is always recoverable) and may well get an increased return in the form of rent.

QUALIFICATION CERTIFICATES

In this connection I would refer next to the provisions relating to the issue of Qualification Certificates but first I think it is essential to consider the estimated numbers of properties in the Borough.

Statistics

Estimated total number of houses in the Borough	(October, 1970)	44,566
Estimated total number of Local Authority houses	(April, 1971)	14,000
Estimated total number of owner/occupiers		18,000
Estimated total number of rent rented houses		12,566

Qualification Certificate applications (April, 1971)

The following information shows the number of applications for Qualification Certificates received and processed:-

<u>Class of application</u>	<u>Total</u>	<u>%</u>
Applications for houses claimed to have amenities	1036	2.31
Applications for houses lacking amenities	29	0.065
Total number of applications	1065	2.375

Houses with amenities = 1036

Number of certificates issued	251	24.25
Number of certificates refused (for repair only 145) (for repair and ) (lack of amenity 61)	216	20.85
Number withheld for minor repairs	443	42.80

(of these 88 certificates have since been issued, following the completion of works).

#### Houses without amenities = 29

Number of provisional certificates	20
Number of full certificates since issued	3
Number of refusals	9
Number of abortive applications	49
representing 4.6% of total applications.	

It is thought that the national average of controlled and uncontrolled tenancies is of the ratio of 4:1. If this figure is used, it suggests that there are approximately 10,000 controlled tenancies in Birkenhead and therefore, the number of Qualification Certificate applications received so far amounts to some 10% of premises, theoretically, eligible for certificates to be issued provided they qualify by reason of age, character and locality. It has been my experience that large numbers of houses have been repaired as a result of the landlord applying for a Qualification Certificate enabling him to convert his tenancy from the controlled to the regulated tenancy, which in due time enables him to apply to the Rent Officer for the registration of a fair rent. This of course enables the owner to claim a rental increase commensurate with the value of the property although this must be phased over a period of up to five years. A large number of applications for Qualification Certificates have been made by owners who have obviously not understood the law and neither have they inspected the properties before submitting the application. When applications have been refused because of minor repair, a schedule of defects has been submitted to the owner to enable him to carry out the repairs but where major repair has been necessary, no such schedule has been prepared in order to avoid overloading the work in my department. However, this has not precluded the owner from asking me to arrange for a member of my staff to meet him on site to discuss what works are necessary.

In one case I can recall serving a large notice on an owner for repairs to be carried out as well as refusing the application for the Qualification Certificate, as a result of which his reply was "this is not fair". I obviously replied that he must consider the question of fairness in the light of his application as I have statutory functions to perform in the matter of housing and at this stage, perhaps it might be appropriate to point out that a Local Authority's responsibility is not to condemn property - its responsibility is to see that the houses in which people are living are fit for human habitation, bearing in mind the twelve point standard, and those that fail to conform to this very reasonable standard are obviously subject to some other action by the Authority. Whilst Slum Clearance may go hand in hand with some redevelopment scheme, it is wrong in my view, for the Authority to use the excuse of Slum Clearance for some commercial benefit.

#### REPAIR

The provisions of Section 9 as amended by the 1969 Act give the Local Authority, through their Public Health Inspectorate, wide

powers to bring about adequate repair of houses and I take the view that this section has not been sufficiently enforced since the war. Instead, the repair provisions of the Public Health Act and other legislation have been used to keep houses "wind and water tight". No doubt Local Authorities have been short of experienced, qualified Public Health Inspectors in the same way that they have been short of engineers, planners and solicitors. This has resulted in the allocation of the Inspector's time to a greater number of duties and furthermore, the Local Authority have had other priorities in relation to housing, not the least of which, quite rightly, was the eradication of large numbers of slum houses. The time now, in my view, has come however, as my own Authority has acknowledged, for the Public Health Inspector to be authorised to serve full repair notices on the owners of properties under the Housing Acts. This has advantages, in that not only are the houses brought into a full state of repair, but the administration procedure is easier, the work being carried out in default by the Authority, without any reference to the Courts except on appeal by a landlord. The use of the Housing Act for repair of houses in conjunction with other legislation will be essential if the scourge of the deteriorating house is to be eliminated. It is for the Local Authority to continue to allow the Public Health Inspector to inspect his district from time to time and serve such notices for repair as may be necessary on the owners and not least of these routine visits must be devoted to the inspection of his district, looking for areas which may be suitable for use as general improvement areas, to which I shall refer later. Owner/occupiers must be equally subject to the requirement to keep property in a good state of repair. The new provisions of the Housing Act, in my view, should encourage the private sector landlord to keep his house in a better state of repair and enable him to receive a rent commensurate with its value and maintenance requirements. It is a fact that successive Rent Acts have not enabled this situation to be achieved and when one compares that 1,065 applications for Qualification Certificates have been received in a matter of twelve months, one can only presume that the landlord too, takes this view, for only 749 applications for Certificates of Disrepair were received in 14 years under the old legislation.

#### GENERAL HOUSING CIRCUMSTANCES

It is estimated that no less than two million people are living in houses awaiting Slum Clearance action in this country, whilst a further four million are living in houses which lack the basic amenities. Furthermore, it is estimated that no less than 300,000 people are living in substandard houses in multi-occupation - these figures will be confirmed when the recent census statistics become available. (I should make it quite clear that I have no prior knowledge!). As far as my own town is concerned, I do know that there are some 5,500 houses which are suitable for Slum Clearance action but the number of houses lacking the basic amenities is not known to me and as far as I am aware, except on an estimated basis, to any other officer. It appears to me however, that there are no less than some 750 houses in multi-occupation that are deserving of attention by my own staff. It is these sub-standard houses that warrant the most urgent attention in my opinion as an officer, and I would suggest that the eradication of the slum type property must run concurrently with the repair and improvement of the other property. The resources and experience of my staff are



now available and it is hoped that steps may be taken to bring this into affect. The repair and improvement of these properties may be affected by the Standard, Improvement and Special Grant provisions available under the new Act and I would refer to each of these as a separate item.

#### PUBLICITY - IMPROVEMENT OFFICER

I should make it quite clear that my Council did not appoint an Improvement Officer at the time that the Act came into operation but as their Chief Public Health Inspector I was made responsible for publicity in relation to the availability of Improvement Grants. Publicity was available in the form of booklets and posters which were circulated to all departments but the greatest publicity was achieved, in my view, by my constantly speaking at public meetings in the town, when great stress was made of the housing circumstances and the availability of Improvement Grants. As an example, this year alone I have addressed no less than 26 meetings in the town and reference to availability of Improvement Grants and tenants' rights to demand amenities have featured in these talks and whilst I would not wish to claim all the credit, perhaps some may be reflected on my department, in that in the year 1968, 77 applications were made for Standard Grants and 32 applications for Discretionary type grants. Some two years later in the year 1970, the number of applications amounts in the case of Standard Grants to 113 (an increase of 52%) and in the case of the new Improvement Grants to 88 (an increase of 170%). This I feel is the way that the trend should go and as far as I can see from current figures, it is likely that this increase will continue during the current year, but unfortunately a lot of them relate to applications from owner/occupiers, although this is not true of every case. No applications have been received in respect of Special Grants I regret to say, but it is fairly common knowledge that the tenants of this type of accommodation are "transient migrants" who disappear almost overnight to turn up in some other equally unsuitable accommodation. They are certainly not the types to attend meetings of any description and often, the owners of the properties themselves, because of the poor social class of their tenant, are not prepared to invest money in the building. When notices are served on owners of these houses in multi-occupation, they are clearly informed of the availability of the Special Grant but unfortunately it is my experience that they are frequently put off by the high cost of professional consultation.

My Council however are most determined to effect the improvement in the housing circumstances of the Borough, as a result of which they have agreed to participate in the proposed House Improvement Month as suggested by the Rt. Hon: Julian Amery, M.P. the Minister for Housing and Construction in the Department of the Environment, and I am in the process of arranging suitable publicity for this to take effect at the earliest possible opportunity. It is a proposal that I would commend to all authorities and I am certain that the single and conjoint publicity achieved in the North West in this manner would more than compensate the cost. Further publicity is obtained by leaving booklets on House Improvement on the public counter in my office, where large numbers of the public attend daily. The booklets that I have used are not only those published by Central Government but also those published by Nationalised Industries and private trade concerns.



I feel that the need of house improvement is such that no matter from what direction the publicity is gained, it is of value in the long term.

The amounts of grant available are as follows:-

1) A fixed bath or shower	£30	
2) A hot and cold water supply at a fixed bath or shower	£45	(Increased
3) A wash-hand basin	£10	by 25% after
4) A hot and cold water supply at a wash-hand basin	£20	presentation
5) A sink	£15	of the
6) A hot and cold water supply at a sink	£30	paper)
7) A water closet	£50	

In addition to the above mentioned sums it must be also made quite clear that the total cost may exceed this figure where constructional work is entailed, the overall maximum amount of grant being £450. It is necessary that the water closet shall be within the dwelling or if this is not reasonably practicable, at least readily accessible to the dwelling and whilst a bath does not have to be provided it must be substituted with a shower which must be installed in either a separate room or a room which is not used for habitable purposes. It is necessary that in the event of a Standard Grant being given, the house shall have a life of 15 years but Section 9 of the Act makes it quite clear that this figure is not as rigid as has been the case in the past. The Local Authority must be satisfied also that the house is in a good state of repair though similarly the Local Authority may, subject to consent, relax its standard in some respects and I would think from my own experience that the Regional Officers at Manchester will be prepared to give most sympathetic consideration to any reasonable relaxation of the standards laid down. In the case of my own Authority, the comprehensive Slum Clearance Programme prepared has been of considerable benefit in determining whether or not Standard Grants may be issued from the aspect of the length of life of the property, though there are occasions when grants have been issued knowing that the life of the property is a year or so less than 15 years. I think that this is quite reasonable when one considers that the family may have to reside in such houses for long periods of time.

Few applications are made in respect of houses in Clearance Programme, owing to the fact that they are so small it is virtually impossible to provide room for all of the amenities, without loss of living space. However, I can quite see that future Clearance Areas will contain large numbers of houses which have been subject to the issue of Standard Grants. It is possible that in an area where large numbers of Standard Grants have been given, a suitable bridgehead may have been formed from which to extend a General Improvement Area, but this may be subject to further discussion. When considering applications for Standard Grants I am surprised to find how few people in this country realise the benefits of a shower as opposed to a slipper bath. I believe that the shower

takes not only less space but is more economic in relation to water use and is also quicker, this being a useful point where there are large families. Applications for Standard Grants may be approved subject to a time limit and it is suggested that this time limit should be not less than twelve months. I feel that this is quite reasonable as it enables the Local Authority to keep control over this type of work, and I would have thought that this period gives adequate time for the work to be completed. The Act permits this period to be extended. The amount of grant to be paid is within the limit of half of the cost of the work, subject to the maximum terms as stated above. It is essential however that applicants should be encouraged to carry on with an application rather than to be discouraged from carrying out the work because of petty officialdom. I think that Central Government have given Local Authorities a lead in that we have been told that greater freedom is given in relation to all grants than ever before and this in turn must be passed from the Authority to the public. It must also be pointed out that Standard Grants may be given in relation to houses in multi-occupation as distinct from the Special Grant to which I shall refer later.

### IMPROVEMENT GRANTS

It does not need me to discuss the principles of the Improvement Grant which was previously referred to as a Discretionary Grant, other than to say that half the costs of improvement may now be paid to owners up to £1,000 or, in the case of a three storey house, £1,200. Further discretion has been given to Local Authorities and it is now possible for the cost of some repairs to be included in the Improvement Grant; for example, where there is rising dampness, a damp-proof course may be inserted and the old plaster removed and the wall replastered as an ancillary to the work of improvement. As another example, I can think of a recent case where I advised an owner that if he replaced skylights in the roof with a full length dormer window which would give the attic bedroom more height, light and ventilation, that he might obtain an Improvement Grant to cover the cost of re-roofing the house which already had sagging roof timbers and displaced slates and, needless to say, he was delighted. Two previously uninhabitable rooms were thus able to be made habitable. I only hope that the Regional Officers are similarly delighted with my suggestions!

Let me make it quite clear however that nowhere is it stated that the period of 30 years is the limiting factor of time for the life of the property for which an Improvement Grant may be given. The Act certainly does not say it, but it has been misinterpreted in my view as a result of the wording in Part 6 of Circular 64/69, sub-paragraph 7 of Appendix B, which states.....

"7. The appropriate Minister, in exercise of his powers under section 3 (2) of the Act, hereby specifies -

(i) as the period during which a dwelling is to provide satisfactory housing accommodation 30 years from the completion of the works of improvement or conversion, as the case may be, or such shorter period (not being less than 10 years) as the Local Authority determine to be reasonable in the circumstances of a particular case;"

The only thing that is definitely necessary, in my view, is conformation with the twelve point standard and in this connection, whenever an application for an Improvement Grant is made, my staff inspect the premises and prepare a schedule of works which must be completed before the grant is made. This ensures that the twelve point standard is achieved and that the house, when improved is in all respects fit for human habitation.

### SPECIAL GRANTS

It is impossible to over-estimate the value of the Special Grant for houses in multi-occupation, but it is disappointing that in Birkenhead no applications for such grants have been received. However, I have just been given additional staff to survey the houses in multi-occupation in the Borough and whenever notices are served requiring houses to be brought up to the appropriate standard, the owner's attention will be drawn to the special provisions relating to this type of grant.

### GENERAL IMPROVEMENT AREAS

The first criticism that I made of the provisions relating to Improvement Areas related to the fact that the Local Authority no longer had the compulsory powers which it had under the 1964 Act. However, on reflection I soon discovered that there was a way of bringing about "persuaded compulsory" improvement in areas although it has been suggested that my method is a form of blackmail. I contend, however, that this is not the case. A Local Authority has a duty to see that all of the houses in its district are fit for human habitation and the statutory power of the Public Health Inspector is used to bring this into effect. In other words, as I have said earlier, if a house is not in a good state of repair, it should either be required to be repaired or demolished (or made subject to a Closing Order). To me there seems to be no reason, when the Authority has declared a General Improvement Area, for the Public Health Inspector acting within the terms of his appointment, to inspect all of the houses in the area and serve notices on the non-co-operative owners or owner/occupiers under Section 9 of the Housing Act, and at the same time wave in front of them a piece of paper explaining the value of Improvement Grants, and how much of the repair work may be covered within the terms of improvement. The Public Health Inspector is the only officer with this power and his experience and expertise in matters of housing repair in General Improvement Area would be unequalled. His discipline has brought him into constant contact with the public in matters of housing repair and frequently he is known personally to the householders in whatever part of the town he works. Furthermore, his compulsory powers of entry are unrivalled and it is for this reason, in my view, that the Public Health Inspector forms an important part of the team in an Improvement Area.

This brings me to my next point.

The Local Authority considering declaring an Improvement Area should first get together a team of officers who will devote most, if not all of their time, in the proposed area. It is quite apparent that this team must be of a multi-disciplinary nature. Each member of the team in my view should be of equal standing and whilst one officer may be the convener of the team, nevertheless,



each member of that team must have the equal right in making points to be considered for the improvement of the area. I also feel that each department should have representation in the team when necessary and that the team may well comprise architects, planners, public health inspectors, solicitors and accountants together with the power to co-opt whoever may be necessary to bring about a smooth programme of improvement in the area. In practice however the first three mentioned officers will be the most active. The Regional Officers of the Ministry must also be invited to the meetings from time to time, from the time of inception of the scheme, through development to completion. It is necessary in my view that the team should in the beginning be small and that the solicitors and accountants will need to be called in only to special meetings. The first priority is for the team to select an area, and a number of areas in the town should be considered and eventually the decision made, after which the basic team should consult with the Ministry's Regional Officers. The publicity should continue to be in the hands of the one officer, and the public should not be invited to attend public meetings but should also be interviewed in their own homes by the officer who is used to dealing with the public as individuals as opposed to "numbers in a directory".

I would suggest that the Local Authority should consider negotiating the purchase of one house in the area which could be improved, and immediately after used as a district office for the officers who have the closest contact with the public and for it to be available as a show house at the same time. When the district is inspected with a view to improving and repairing the houses, it is obvious that other matters should be dealt with at the same time.

For example :-

- (a) declaration of Smoke Control Areas;
- (b) improvement of appearance of the shops;
- (c) removing of the sources of grit, dust and noise;
- (d) improvement or removal of industrial undertakings in the area;
- (e) improvement of surfaces of streets and pavements and
- (f) generally to encourage the re-decoration of the outsides of the properties.

Everybody in the area, together with the owners of the properties, should be encouraged to repair and improve their properties and if necessary be given a loan to cover the half of the cost of the works which the Local Authority are not permitted by law to give. As houses become empty the owners should be required to improve them before their re-occupation or, if necessary, before their sale. In the event of non-co-operation, the Local Authority should negotiate to purchase the house, improve it and then re-sell it and in the case of the owner being stubborn and refusing to comply with the Improvement Area provisions, tenants should be advised to require the Local Authority to serve the necessary notice of improvement on the owners and in the event of their non-compliance after the twelve month period, then carry out the permitted statutory procedure. Old people may find the suggested improve-



improvements difficult or even frightening but being a multi-disciplinary exercise, the assistance of the Social Services Department should be enlisted to offer these senior citizens every possible assistance towards the improvement of their property and the provision of better amenities.

### CONCLUSIONS

The effect of the Act should preserve many houses that would, in a much shorter period of time, have to be dealt with by Slum Clearance but, of course, it does not necessarily mean the end of Slum Clearance, because eventually even improved and repaired property will have to be demolished to make way for property of more modern design. However, it should certainly have put the brake on Slum Clearance in the 1980's and one can only hope that this brake will enable Local Authorities to recover sufficient financial resources that will enable them to meet with future demands for re-housing by the provision of new Local Authority dwellings if necessary.

The improvement of properties should not however be limited only to those in the private sector and it is necessary that the same inter-disciplinary team to which I have referred should also consider the necessity for improving Local Authority owned dwellings, for each department has its part to play in the matter of environmental improvement from the housing aspect.

The immediate effect of the Act should be felt in relation to individual unfit houses. This may seem to some to be sensational but bearing in mind the full provisions of the Act, one can almost say that the value of every individual unfit property has increased by £1,000 or £1,200 in the case of a three storey dwelling. This may put quite a different complexion on the situation though of course each unfit house must be considered on its merits. My own view is that through the new legislation we should see more properties made fit than ever before and I see no reason why, in addition to them being made fit, they should not be provided with central heating, which is no longer a luxury but a necessity. I would also hope too, that one of the Regional Officers would consider and perhaps answer at the meeting whether in a General Improvement Area, grants may be given for the improvement of everything in the house on the basis of 50% except the fireplace, and that a contribution in the case of the fireplace, if the area is at the same time declared a Smoke Control Area, may be 70%.

The Standard Grant system which is limited to houses constructed before the 2nd October, 1961 appears to differ from the Discretionary type grant or Improvement Grant on which there is no date factor. As a result, I feel that the question of an application being made to remedy condensation should be dealt with liberally, for although it is frequently suggested that the tenant may overcome condensation by means of heating and ventilation, by the modern construction of properties, the formation of condensation is encouraged. More adequate heating and ventilation systems for example would considerably assist the tenants, as would the proper insulation of the dwelling and this too, is worthy of consideration for grant in the event of the property complying in every other respect.

My criticism principally is the fact that the owner, having carried out improvement of the house, is required to pay an additional sum on his rate demand owing to the increased value of the house. This in my view is a tax on the owner for keeping his house better than his neighbour, whereas I take the view that it would almost be better to give the owner some form of tax relief for effecting the improvement in this way. I am not suggesting that I am an expert on rating, but I would have thought that there is room for a complete review of this ludicrous situation, where for carrying out work of improvement, a property costs him more money in the long run.

The same thing is likely to apply in the Improvement Area where garage parking facilities are provided for each of the tenants and this again I think is worthy of review.

Finally, may I say that in my view most Local Authority officers and Local Authorities themselves have been somewhat afraid of Improvement Areas, because it is not their wish to offend the tenants in the area and furthermore, the Authorities are concerned less the establishment of Improvement Areas leads to demands for considerable increase in staffs. However, I think that the time has come when the needs of the citizens as a whole must be considered and not the views of the few, and as a result of this meeting I hope that the success and interest which I know our Regional Officers are anxious to achieve will be met.

I hope that my paper has to some extent allayed the fears of those who were afraid, that it has encouraged those who were doubtful and that it has given confidence to those who have made more steps than I in connection with matters of improvement.

If my paper has proved provocative then I think that the purpose of the Symposium has been served and may I thank the Regional Officers for permitting me to speak on this subject in detail.

I only hope that this is the first of a number of meetings and that in a few months' time I may be given the opportunity of standing before you to explain what has happened in the first Improvement Area in Birkenhead."

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